

Returning Student Scholarship Application

Applicant Information		
Last Name:	First Name:	Middle Name:
Home Address:		
City, State, Zip:		
Email:	Phone:	
Date of Birth:		
Requirements		
To apply for the PSE Credit Ur	nion, Inc. Scholarship, you must be a men	nber of the credit union planning on attending college or
technical school in the Fall of	2025.	
	e \$2,000 scholarship will be awarded to a did photo will be published in the Financial	deserving applicant. The winner will be notified by Freedom newsletter.
Academic Plans		
Please name the university, co	ollege, technical school, or apprenticeship	program you have or hope to be accepted into:
First Choice:	Second Ch	oice:
Miscellaneous		
High School attended	Date	of Graduation:
_	raphy including information about your fa recognitions, awards or honors you have	mily, work experience, community involvement, hobbies, received. (250 words or less)

Describe a situation when you faced an obstacle or adversity and ove	rcame it. (250 words or less)	
Consent for Information Release		
All of the information contained in this application will be kept in the	strictest confidence. If necessary, I agree to release	е а сору
of my transcript to the screening committee for this scholarship.		
Student's Signature	Date	

• Completed applications must be dropped off or emailed by Friday, June 6, 2025, to:

PSE Credit Union, Inc. 5255 Regency Drive Parma, OH 44129

Email: tbaszynski@psecuorg.net