

**Steuben Citizens Federal Credit Union
MEMBERSHIP SCHOLARSHIP**

STUDENT'S CERTIFICATION

In submitting this application, I hereby, certify that:

- I have been a member of the Steuben Citizens Federal Credit Union for at least one year.
- I will use the proceeds of this scholarship for the payment of tuition, required fee, room, board, required materials and/or books.
- The information submitted in this application is complete and correct to the best of my knowledge.
- I agree to abide by the rules established by the Steuben Citizens Federal Credit Union Membership Scholarship committee and am aware that all decisions rendered by the committee are final.

Student's Signature: _____ Date _____

(if applicant is under 18 years of age the applicant's parent or legal guardian must also sign)

Signature of Parent of Legal Guardian: _____

Date: _____