### Chocolate Bayou Credit Union

# GARY L. DAVIS HONORARY SCHOLARSHIP PROGRAM



#### PROGRAM OVERVIEW

#### **APPLICATION DEADLINE: MARCH 31, 2025**

Each year, Chocolate Bayou Credit Union provides up to \$5,000 in scholarships to deserving members of the Credit Union.

#### **ELIGIBILITY**

#### Who is eligible?

To be eligible for consideration, applicants must:

- be a current member in good standing (or have a parent who is a member in good standing)
- plan to attend an accredited college or university during the 2025-2026 school year
- not be a recipient of a prior scholarship from the Credit Union

Non-member submissions will not be considered.

#### **SELECTION CRITERIA**

#### How are recipients selected?

Completed applications are reviewed by the individuals on the scholarship committee. Scholarships are awarded based on a combination of financial need, academic excellence, leadership, and community service.

#### APPLICATION INSTRUCTIONS

#### How do I apply?

To be considered for a 2025 Gary L. Davis Honorary Scholarship, submit a complete scholarship application package to include:

- Scholarship application
- · 250 to 500-word essay explaining why you should receive the scholarship and where you see yourself in 10 years
- FAFSA Student Aid Report with EFC (expected family contribution)
- · Current, sealed official transcript from high school or college institution which you are currently enrolled

#### SUBMISSION INSTRUCTIONS

#### How do I submit my application?

- Organize your application package in the following order:
  - 1. Scholarship application
  - 2. Essay
  - 3. FAFSA Student Aid Report
  - 4. Current, sealed official transcript
- Seal scholarship application package contents in an 8.5 x 11 envelope
- Either **drop off** your application package at any Chocolate Bayou location or **mail** the complete scholarship application package to:

Chocolate Bayou Credit Union Attn: Scholarship Committee P.O. Box 1694 Alvin, TX 77512

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SIGNATURE:



#### **SCHOLARSHIP APPLICATION**

### **APPLICATION DEADLINE: MARCH 31, 2025**

\_\_\_\_\_ DATE: \_\_\_\_

ABOUT YOU	NAME:	ACCOUN	ACCOUNT NUMBER:			
	ADDRESS:					
	CITY, STATE, ZIP:	PHONE:	PHONE:			
	IF YOU'RE NOT A MEMBER, PARENT/LEGAL GUARDIAN'S NAME:					
YOUR EDUCATION	NAME OF SCHOOL YOU CURRENTLY ATTEND:					
	SCHOOL TYPE: High SchoolCollege/University	CURRENT GPA	CURRENT GPA: ANT		NTICIPATED GRADUATION DATE:	
	NAME OF ACCREDITED COLLEGE/UNIVERSITY YOU PLAN TO ATTEND DURING 2025/2026 SCHOOL YEAR:					
	STREET ADDRESS:					
	CITY, STATE, ZIP: MAJOR:					
ES	Below, describe all school and community activi received, offices or leadership positions held, vo which you have supported your family, school, o	ties in which you hav lunteer or fund-raisi	ng work perform	ned, and other	r activities in	
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