



McCoy-Porter Scholarship  
**APPLICATION REQUIREMENTS**  
Filing Deadline: February 27, 2019

1. Applicant must be a graduating high school senior.
2. Applicant must be the primary member of Frontier Community Credit Union (Having a primary savings account in their name). Employees, officers, directors, volunteers or immediate family members and household members of such individuals are not eligible to participate. Immediate family members include, mother/father (or in-law), brother/sister (or in-law), son/daughter (or in-law), stepchild or stepparent, grandparent or grandchild.
3. Applicant must complete application. Please type or print clearly.
4. The following documents must be attached to the application:  
A biographical statement to include:
  - Educational background
  - Extracurricular activities
  - Past accomplishments
  - Goals
  - Work experienceOther information you believe to be pertinent to this application, which must at least include:
  - Two (2) character reference letters. Acceptable letters can be from teachers, employers, coaches, civic or church group leaders, but not from family members.
  - Official transcript of courses completed through **January 2019**.  
Transcript must include current cumulative GPA. Convert GPA to a 4.0 scale, if necessary.
5. Your completed application, including all attachments must be received no later than **February 27, 2019**.
  - Applicants are notified of application status once a decision has been made.
  - Recipient is requested to attend the Frontier Community Credit Union Annual Meeting for scholarship presentation.

Application package should be sent to:  
Frontier Community Credit Union  
ATTN: Scholarship Committee  
690 Eisenhower Rd.  
Leavenworth, KS 66048

For additional information, please contact Letha Higgins, Scholarship Coordinator at 913.651.6575.



McCoy-Porter Scholarship  
**APPLICATION**

**SECTION A -- PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle Initial

Parent/Guardian Name(s): \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street City State/Zip Code

Telephone Numbers: \_\_\_\_\_  
Daytime Evening

Frontier Community Credit Union PRIMARY Member Number: \_\_\_\_\_

**SECTION B -- SCHOOL INFORMATION**

School you are currently attending:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Zip Code



**SECTION B -- SCHOOL INFORMATION** (continued)

School where you will attend college for the Fall Semester, 2019:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Zip Code

Your enrollment status for the Fall Semester (please check one):  Full-time  Part-time

Your year group for the Fall Semester:

Freshman  Sophomore  Junior  Other

**I attest that all information is complete and accurate.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*COMMITTEE USE ONLY BELOW THIS LINE*

\_\_\_\_\_  
This application has been reviewed for eligibility requirements by:

\_\_\_\_\_  
Date received: