



## **Betty L. Ellis Scholarship Application**

The Betty L. Ellis Scholarship in the amount of \$1,000.00 has been established in recognition of her dedicated service to BSE Credit Union, Inc. This **need-based** scholarship has **no age restrictions** and will be awarded in February of each year. Pursuant to Betty's wishes applicants will be eligible "from all parts of the credit union". Information and applications will be available at BSE Credit Union and on our website at [www.bsecu.org](http://www.bsecu.org) any time after January 1, 2021.

**APPLICATIONS MUST BE SUBMITTED NO LATER THAN DECEMBER 31, 2021**

### **Criteria for Application**

Applicant must be a member of BSE Credit Union, Inc. or a child or grandchild of a member and have plans to enroll in an accredited school of higher education (business, technical school, college or university).

- A. To be eligible, the following must be submitted by the end of business day on December 31, 2021 or last day of month.
1. The completed application form provided by BSE Credit Union, Inc.
  2. One letter of recommendation from a community sponsor. i.e. Neighbor, Teacher, Employer, Clergy, etc. (including relatives and immediate family).

The scholarship check will be made payable to the institution the recipient will be attending.

All correspondence concerning the scholarship, funds or information should be directed to:

BSE Credit Union, Inc.  
19249 E. Bagley Road  
Middleburg Heights, OH 44130  
Att. BLE Scholarship Committee

All information provided as part of the application will be kept in strictest confidence.

**APPLICATIONS MUST BE SUBMITTED NO LATER THAN DECEMBER 31, 2021.**



# Betty L. Ellis Scholarship Application Form

*Please type or print.*

Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Relationship to BSE Credit Union

- I am a member of BSE Credit Union.
- I am the child/stepchild of a BSE Credit Union member
- I am the grandchild of a BSE Credit Union member.

If you are the child or grandchild of a BSE Credit Union member, please list that member's name, address, and phone number.

\_\_\_\_\_  
(Member's Name)

\_\_\_\_\_  
(Member's Address) (Member's Phone Number)

**Application deadline: DECEMBER 31, 2021**

Send all completed forms to:

BSE Credit Union, Inc.  
19249 E. Bagley Road  
Middleburg Heights, OH 44130  
Att. BLE Scholarship Committee

I understand that all information contained in this application will be kept in strictest confidence and I agree to release a copy of my transcript to the committee, if requested. I also agree to allow the credit union to use my name and possible photo in any publicity relating to this Scholarship award.

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_



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Name \_\_\_\_\_

### **Reasons for Consideration:**

This is a needs-based scholarship. Please be sure to include the reasons you qualify for a needs-based Scholarship. Include your career goals, extra-curricular activities and reasons you should be considered for this Scholarship. Give the name of the institution you wish to attend.



# Betty L. Ellis Scholarship Application Form

## SPONSOR LETTER

Please provide us with a 1page description of why you believe that the applicant should receive the Betty L. Ellis Scholarship.

\_\_\_\_\_ of \_\_\_\_\_  
(Scholarship Applicant's Name)

who plans to attend \_\_\_\_\_ is applying for the  
Betty L. Ellis Scholarship from BSE Credit Union.

By completing this form, you will make it possible for the application to be given consideration.

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Period of time you have known applicant \_\_\_\_\_

How well have you known the applicant?

Very well      Fairly well      Limited

1. Does this individual exhibit a strong commitment to their studies?

2. Do you believe their course of studies has prepared them for their future academic requirements?

3. To your knowledge, what have they done that has benefited their community?



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4. Will their attitude be an asset to their education and career plans?

5. What is your personal expectation of their academic success?

Signature \_\_\_\_\_

Printed  
Name \_\_\_\_\_

Date \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

***Please return this recommendation in a sealed envelope to the applicant.***