



Membership Verification

By: \_\_\_\_\_

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

### Merit and Spirit Scholarship Application

### UNIVERSITY OF AKRON

I am applying for \_\_\_ Merit Scholarship \_\_\_ Spirit Scholarship \_\_\_ Both

For more information, go to [sscu.net/scholarships](http://sscu.net/scholarships)

NAME: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Seven Seventeen Acct #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Relationship of Applicant to Seven Seventeen Member: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

email: \_\_\_\_\_

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Date Financial Aid Filed: \_\_\_\_\_ Anticipated Major: \_\_\_\_\_

**On a typed, separate sheet of paper please:**

- 1. List your community and or school activities and awards
- 2. Tell us what you plan to do upon completing your education

**GENERAL REQUIREMENTS FOR SCHOLARSHIP:**

- 1. Merit Scholarship: The applicant must be a member or a child/dependent of a member of Seven Seventeen.  
Spirit Scholarship: Applicant need not be a Seven Seventeen member. If selected, a savings account will be opened for the recipient to establish membership.
- 2. The applicant must be a senior graduating from high school the current year.
- 3. The applicant must be a full time student at the University of Akron the fall semester following high school graduation.
- 4. The applicant must have at least a 3.00 grade point average on a scale of 4.0. (Please attach a grade transcript from your guidance office verifying GPA.)
- 5. The applicant MUST provide 2 letters of recommendation.
- 6. The scholarship will be granted without regard to sex, race, or creed.
- 7. **The scholarship will be paid directly to University of Akron for the student.**  
**One half of the scholarship will be paid for the fall semester and one half for the spring semester.**  
It will be used for tuition, fees, and book expenses.
- 8. The scholarship is not renewable.

I certify that this information is complete and correct to the best of my knowledge:

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Return completed application with requested attachments to any Seven Seventeen Office or mail to:  
Seven Seventeen Credit Union

Attn: Scholarships, 3181 Larchmont Avenue NE, Warren, Ohio 44483 no later than MARCH 1<sup>st</sup>.

**Merit and Spirit Scholarship Application**  
**KENT STATE UNIVERSITY MAIN CAMPUS**

I am applying for \_\_\_ Merit Scholarship \_\_\_ Spirit Scholarship \_\_\_ Both  
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City, State, Zip Code: \_\_\_\_\_

Relationship of Applicant to Seven Seventeen Member: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

email: \_\_\_\_\_

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Date Financial Aid Filed: \_\_\_\_\_ Anticipated Major: \_\_\_\_\_

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2. The Applicant must be a senior graduating from high school the current year.
3. The Applicant must be a full time student at Kent State University the fall semester following high school graduation.
4. The Applicant must have at least a 3.00 grade point average on a scale of 4.0. (Please attach a grade transcript from your guidance office verifying GPA.)
5. The Applicant MUST provide 2 letters of recommendation.
6. The scholarship will be granted without regard to sex, race, or creed.
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Date: \_\_\_\_\_

## Merit and Spirit Scholarship Application KENT STATE UNIVERSITY REGIONAL CAMPUS

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City, State, Zip Code: \_\_\_\_\_

Relationship of Applicant to Seven Seventeen Member: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

email: \_\_\_\_\_

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Date Financial Aid Filed: \_\_\_\_\_ Anticipated Major: \_\_\_\_\_

Which Kent State University Regional Campus do you plan to attend? \_\_\_\_\_

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