



2019

Medical Career
Advancement
Scholarship

www.foothillcu.org
626-445-0950



 **FOOTHILL**
Credit Union

Exceptional Banking. Exceptional Service

Medical Career Advancement Scholarship

The Award

Foothill Credit Union (FCU) is dedicated towards helping schools and hospitals with all their financial needs. Foothill also continues to seek opportunities to recognize the men and women who dedicate their lives to caring for and treating those in need. This year we will be awarding a **scholarship up to \$3,000** to a select member who is pursuing a career in the healthcare field **or** looking to further their healthcare career. If chosen, the award will be paid directly to the recipient(s) at Foothill's Ambassador Breakfast.

Eligibility

Any Foothill Credit Union member who is enrolled in a school or medical training program may apply for this scholarship. Each applicant must have a Foothill Credit Union account in his/her name. If you are not a member, you may open an account and become eligible to apply. If selected a winner, you must be a member for **at least three months** before receiving the award funds. Applicants who are not members for **at least three months** must wait until this period has ended to be awarded. Foothill Credit Union employees, Board and Committee members and their families are not eligible to receive this award.

Application

The Medical Career Advancement Scholarship application consists of:

1. Short answer questions of 150 words or less.
2. Letter of support from a supervisor or professional colleague **typed on company letterhead.**
3. Activities and Recognition
4. Document showing the program/training you wish to use the scholarship towards.

Applications are judged by a group comprised of Foothill Credit Union employees. All decisions are final. The credit union **cannot** provide any information on the status of the applications. **Please do not call.**

Important Dates

- Completed applications must be received no later than **October 25, 2019.**
- Only chosen scholarship recipients will be notified by **November 8, 2019.**
- Recipients will be awarded at the Ambassador Breakfast.



Scholarship Form

Personal Information

Name: _____

Scholarship Amount Requested _____ Member Account Number _____

Home Address _____

City, State, Zip Code _____

E-mail Address _____ Phone Number _____

Educational Information

Current Program or College: _____

Education relevant to current career status:

1. _____

2. _____

3. _____

Work Experience

Current and Previous Employers (in chronological order):

1. _____ Position: _____ Dates of Employment: _____

2. _____ Position: _____ Dates of Employment: _____

Personal Information

I certify the information within this application is true, complete and accurate. I also authorize the release of this information to confirm and/or verify this application. Upon notification of receiving a Medical Career Advancement, I authorize the use of my name and photograph in press releases and other communication materials.

Applicant's Signature: _____ Date: _____

Please complete this form and attach it to your short answer questions, sealed letters of support, and activity and awards sheet (no staples please).

Your application **MUST BE RECEIVED** no later than **October 25, 2019**.

For more information, call the credit union's Marketing Department at 626-445-0950.
(All applicants will receive consideration for a scholarship without regard to sex, race, color, national origin or ancestry, religion, age, handicap, financial need or marital status.)



Recommendation Form

Copy this page and give it to your respective supervisor or professional colleague when requesting a letter of recommendation. Have them return this completed form to you along with their letter. Instruct your references to sign his/her name across the seal of the envelope. The information listed below is required for your application to be eligible for judging.

LETTER OF SUPPORT

Your recommendation should address the applicant's character; what you believe are his/her greatest attributes; specific accomplishments; examples of educational, employment and/or community leadership; his/her potential for future personal achievement; and why you feel this applicant deserves a Medical Career Advancement Scholarship.

PLEASE LIMIT RECOMMENDATION TO ONE (1) PAGE, TYPED.

Signature: _____ Printed Name: _____

Title: _____ Relationship to Applicant: _____

Address: _____ Phone Number: _____

Company/ Employer where you worked with the applicant:

Activities and Recognition

Activities/Honors/Recognition	Explanation

SHORT ANSWER QUESTIONS

Your short answer questions should be compelling, thoughtful, genuine and thorough responses. You may use a separate sheet of paper; be sure to include your name and signature on your essay page.

APPLICANT QUESTIONS: Answer 2 short questions (150 words or less for each question)

- What inspired you to pursue a career in the healthcare field?
- How will you use this scholarship to further your career?

Not a Foothill Member?

When looking for that financial institution, you'll need one that you can trust, one that has a strong financial record, and one that is constantly being praised for their dedicated service to their members. Foothill Credit Union **IS** that financial institution. In fact, Foothill has been serving the scholastic community in the San Gabriel Valley for over 59 Years.

As a member-owner of Foothill, you'll enjoy benefits like low rates on loans, high rates on dividends, lower fees than the competition, tech-savvy products like online bill pay, and member service that is second-to-none!

Becoming a member of Foothill is easy and you can rest assured that we'll keep your financial interest in mind at all times. Join Foothill Credit Union today!

How to apply for Foothill Credit Union membership

1. Complete a signature card
2. **Establish a share savings account:**
Each member is required to establish at least a \$5 Share Savings Account. This represents your part ownership in the credit union. This share is insured by the NCUA (a U.S. government agency), may earn dividends, and is refundable if you ever close your account with Foothill Credit Union.
3. Take advantage of these convenient services:
 - FREE Checking Account
 - FREE Online Banking with Bill Pay Service
 - FREE Debit Card
 - FREE Mobile Banking
 - Rate Reward Savings Account
 - Platinum Rewards MasterCard® *
 - Financial Education
 - Investment Products of All Types
 - Discount Theme Park Tickets
 - And much more!

For more information regarding Foothill membership, visit us online at www.foothillcu.org or call us at 626-445-0950.

*Certain age/income restrictions may apply. Ask a credit union representative for details.



This credit union is federally insured by the National Credit Union Administration.



Checklist

Did you include the following?

- Scholarship Form
- Foothill Credit Union Account Number
- Letter of Support & Signature
- Activities and Recognition
- Document showing program/certificate/training information

Paperclip and mail all requested forms to:

Foothill Credit Union
Marketing Department
P.O. Box 660130
Arcadia, CA, 91066-0130

OR

Drop off at any of our branches:

- Arcadia Branch, 30 S. First Avenue
- Covina Branch, 928 N. Citrus Avenue
- Glendora Branch, 645 S. Lone Hill Avenue

Foothill is not responsible for lost applications or missing pages. Applications and accompanying pages become property of Foothill after submission to the credit union.

Completed applications **MUST BE RECEIVED** no later than **October 25, 2019** to avoid disqualification!

