SECONDARY SCHOOL SCHOLARSHIP APPLICATION

I hereby make application for Ariza Credit Union funded Scholarship on behalf of my

☐Son, ☐Daughter or ☐ Ward (check applicable box)

1. Name of Child
2. Sex of Child Male ☐ Female ☐
3. Date of Birth (MM/DD/YYYY)
4. Last school attended
5. Position in CPEA

	Mother/Guardian	Father/Guardian
Name of Parent		
Occupation		
Name of Employer		
Monthly Salary		
Other Income		

6. Address of Employer:
7. Telephone Fax
8. Name of Applicant
9. Home Address
10. Telephone (H) Cell
11. Email
12. No. of dependents
13. Signature of Applicant

Please sign, print and submit form with a salary slip or job letter at your nearest Ariza branch	**A/C No.**