

2024 Thomas Wolff Memorial

Scholarship Application



There's more to being a Voyage FCU member - especially if you plan to attend a post-secondary school in the near future. The Thomas Wolff Memorial Scholarship is given in memory of Voyage FCU board member Thomas Wolff to be used toward higher education expenses for non-traditional students.

THE DETAILS

There is one \$1,000 award available for use by full-time non-traditional students enrolled in an accredited US college, university, trade, or technical school for the 2024-2025 school year 5+ years after graduating high school or obtaining your GED.

WHO CAN APPLY

All applicants must:

- Be 21 years or older.
- Be a primary account holders at Voyage FCU, and in good standing for **at least one year**.
- Not be a Voyage FCU employee, director, committee member, or an immediate family member of one.
- Not be a previous scholarship winner.

HOW TO APPLY

In your mailed submission, the following is required:

- A one-page written essay (*typed, no more than 500 words*) describing an activity or organization you are involved in that is important to you and why.
- Copies of certificates, awards or lists of achievements, community and extracurricular activities, work experience, and church functions.
- A complete, signed scholarship application form.

WHEN TO APPLY

The deadline to submit your 2024-2025 application is Friday, April 19th, 2024, at 5 pm. Voyage FCU must receive applications by that time - no exceptions. We encourage you to submit early!

You will be notified if you have been selected by May 10th, 2024, and the awards will be presented at our Annual Meeting on Tuesday, May 21st, 2024. Attendance is not required but strongly encouraged.

QUESTIONS?

If you have any questions regarding the scholarship application or the process, please contact us at 605.338.2533 or marketing@voyagefcu.org

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.



3823 S. KIWANIS CIRCLE
SIOUX FALLS, SD 57105



605.338.2533



VOYAGEFCU.ORG

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Please type or print all information.

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

DATE OF BIRTH: _____

EMAIL: _____

VOYAGE FCU MEMBER NO: _____

Applicant MUST be a primary account holder

How did you hear about our scholarship:

Website

Social Media

Email

Other: _____

CURRENT OCCUPATION & LENGTH OF SERVICE: _____

HIGHEST LEVEL OF EDUCATION COMPLETED: _____

DATE COMPLETED/ANTICIPATED COMPLETION DATE: _____

COLLEGE, UNIVERSITY, OR SCHOOL YOU ARE/PLAN TO ATTEND: _____

FIELD OF STUDY: _____

I certify that the information in this application and all accompanying documents are true and correct. I also certify that I personally answered all questions and wrote the essay relating to this scholarship application. I understand that if, for any reason, I discontinue my studies, I must notify Voyage FCU within 10 days. I agree that Voyage FCU may use my name and possibly photograph (provided by the recipient) for publicity purposes.

Applicant's Signature: _____

Date: _____

APPLICATION DEADLINE: APRIL 19TH, 2024

Mail application, essay, and transcript:

Voyage Federal Credit Union
Attn: Scholarship Committee
3823 S. Kiwanis Circle
Sioux Falls, SD 57105

Voyage Federal Credit Union pays one payment in the fall to the college, university, or school after the applicant's acceptance into that institution. Applications become the property of Voyage FCU.

This section is to be filled out by a Voyage FCU employee.

DOB _____

Years as a Member _____

Completed Application **Y** **N**

