

2022

"Promoting scholastic excellence and continuing education"

Scholarship Program

The purpose of the Rochelle "Russ" Livernois Memorial Scholarship Fund is to recognize Members and children of Members who have shown scholastic excellence and community involvement and who are interested in advancing their education.

Scholarship Awards

The Lisbon Community Federal Credit Union will award four \$1,000 scholarships. The scholarships will be paid directly to the College or University of choice. After the successful completion of the first semester, payment shall be applied towards the second semester invoice. The recipients shall be limited to one scholarship award.

Eligibility

- * Applicant and/or parents must be a Member of the Lisbon Community Federal Credit Union
- * Must be a graduating High School senior
- * Have been accepted as an incoming freshman in an accredited academic, vocational, professional or technical school, college or university (must attend classes fulltime)
- * Must be considered a student in good standing at their current high school with a minimum 2.5 cumulative grade point average on a 4.0 scale.
- * Studies must begin within a year
- * Lisbon Community Federal Credit Union Board members, Supervisory Committee members, and members of their immediate family are not eligible to participate

Requirements

- * Applicant must submit a copy of High School transcript
- * Completed Scholarship application
- * Copy of Letter of Acceptance from the college or university of choice
- * Up to two letters of recommendation from teachers, counselor, or community leaders will be considered
- * Essay of 300 words or less stating why the applicant should be considered for a scholarship

Selection

Applications will be reviewed and finalists chosen by the Scholarship Committee. The completed application, along with all supporting documentation, must be returned to the Credit Union Credit Union at 325 Lisbon Street, PO Box 878, Lisbon ME 04250, Attn: Scholarship Committee, no later than May 2, 2022. The Lisbon Community Federal Credit Union will not be responsible for lost mail or delays in delivery of mail. Final selections will be made by May 31, 2022 and all scholarship applicants will be notified of the Committee's decision by mail after that date.

In February of each year, the Lisbon Credit Union's Board of Directors shall appoint the members of the Scholarship Committee. The members of this committee shall have authority to make all final decisions concerning the Scholarship Program.

THE LISBON COMMUNITY FEDERAL CREDIT UNION RESERVES THE RIGHT TO DISCONTINUE THIS SCHOLARSHIP PROGRAM AT ANY TIME WITHOUT NOTICE. THE LISBON COMMUNITY FEDERAL CREDIT UNION RESERVES THE RIGHT NOT TO AWARD ANY SCHOLARSHIPS SHOULD THERE BE NO QUALIFIED APPLICANTS.



The Rochel "Russ" Livernois Memorial Scholarship Fund

- Applicants must be members or children of members of the Lisbon Community Federal Credit Union
- 2 Please print or type all information.
- 3 If space provided is inadequate, please attach additional papers to the application
- School, community, and work experience relate only to the last 4 years

APPLICANT DATA:				
Last Name	First Name	Middle Initial		
Street Address	City	State	Zip Code	
Home Phone Number: ()			
Are you a member of the Lisbon Credit Union?		Yes _ No	_	
Are your parents members	s of the Lisbon Credit Union?	Yes No	_ _	
HIGH SCHOOL DATA:				
Cumulative GPA	(on a 4.0 basis)			
School Name	Graduation Date (mo/yr)			
Street Address	City	State	Zip Code	
Principal's Name				
COLLEGE DATA:				
List the school where you l	have been accepted and plan to attend	l .		
Name	City	State	Zip Code	
Major	Graduation Date (mo/yr)	Degree AA _	BA D BS D	
	of career goals:			

All applicants must submit:

- * A recent transcript of their grades.
- * A Letter of Acceptance from the college or university of your choice
- * Up to two Letters of Recommendation will be considered
- * An essay of 300 words or less indicating why the applicant should be considered for a scholarship

SCHOOL & EXTRA CURRICULA		Please list all school and extra curricular activities (for the last 4 years)				
Activity	# of Year	S Activity		# of Years		
COMMUNITY AND VOLUNTEER	ACTIVITIES:	*Please list all commu (for last 4 years)	ınity and volu	nteer activities		
	Activity		#	of Years		
WORK EXPERIENCE:		*Please list all work e (for the last 4 years)		rt– and full-time		
Employer	Position	From mo/yr	To mo/yr	Hrs per week		
*Please attach add	litional activities or wo	ork experience if more	space is neede	ed.		
	•	application, pleas		_		
		LEASE AUTHORIZA				
I certify that this information is compleant application. I understand that if I am a successfully completed my first semes name and/or photograph in connection ing, related to this Scholarship Program	ete and accurate. I authors warded the scholarship, ter. I further grant unto with any Lisbon Comn	orize the release of this , it will be applied to m Lisbon Community Fed	information to y second seme leral Credit Ur	ster invoice after I hav nion the right to use my		
Signature of Applicant	Signature of Applicant Date					
Your request for a scholarship become	mes valid ONLY when	this application & all	supporting de	ocuments are		
submitted to:		nity Federal Credit Ur eet PO Box 878				

MUST BE RECEIVED NO LATER THAN MAY 2, 2022