

*Rochel “Russ” Livernois  
Memorial Scholarship Fund*



*Lisbon Community  
Federal Credit Union*

*Building Preserving  
Futures. Dreams.*

**2024**

*“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 3, 2024 at 5:00pm ET. 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, 2024 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.**



**Lisbon Community**  
Federal Credit Union

*Building Futures. Preserving Dreams.*

# The Rochel “Russ” Livernois Memorial Scholarship Fund

- 1 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
- 4 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 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 have been accepted and plan to attend.

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Major \_\_\_\_\_ Graduation Date (mo/yr) \_\_\_\_\_ Degree AA  BA  BS

Provide a brief description of career goals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### SPECIAL NOTES:

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 CURRICULAR ACTIVITIES:****\*Please list all school and extra curricular activities (for the last 4 years)**

Activity	# of Years	Activity	# of Years

**COMMUNITY AND VOLUNTEER ACTIVITIES:****\*Please list all community and volunteer activities (for last 4 years)**

Activity	# of Years

**WORK EXPERIENCE:****\*Please list all work experience, part- and full-time (for the last 4 years)**

Employer	Position	From mo/yr	To mo/yr	Hrs per week

**\*Please attach additional activities or work experience if more space is needed.****ESSAY:****Along with this scholarship application, please attach an essay of 300 words or less explaining why you should be considered for a scholarship.****CERTIFICATION AND RELEASE AUTHORIZATION**

I certify that this information is complete and accurate. I authorize the release of this information to confirm and verify this application. I understand that if I am awarded the scholarship, it will be applied to my second semester invoice after I have successfully completed my first semester. I further grant unto Lisbon Community Federal Credit Union the right to use my name and/or photograph in connection with any Lisbon Community Federal Credit Union promotions, including advertising, related to this Scholarship Program.

\_\_\_\_\_  
**Signature of Applicant**\_\_\_\_\_  
**Date****Your request for a scholarship becomes valid ONLY when this application & all supporting documents are submitted to:**

**Lisbon Community Federal Credit Union  
325 Lisbon Street - PO Box 878  
Lisbon, ME 04250**

**MUST BE RECEIVED NO LATER THAN MAY 3, 2024 at 5:00pm ET**