

**2019 ELSIE P. KINNEY MEMORIAL  
SCHOLARSHIP DRAWING**

**ENTRY FORM MUST BE SUBMITTED AT THE  
CREDIT UNION ON OR BEFORE June 14, 2019.**

[Click To View Criteria](#)

**STUDENT NAME**\_\_\_\_\_

**ADDRESS**\_\_\_\_\_

**CREDIT UNION MEMBER**    **YES**\_\_\_\_\_    **NO**\_\_\_\_\_

**PARENT NAME**\_\_\_\_\_

**ADDRESS**\_\_\_\_\_

**PHONE #**\_\_\_\_\_

**NAME AND ADDRESS OF RELATIVE WHO IS CURRENTLY A  
MEMBER OF THE CREDIT UNION**

\_\_\_\_\_

**SCHOOL NAME THAT THE STUDENT WILL BE GRADUATING  
FROM IN 2019**

\_\_\_\_\_

**NAME OF THE COLLEGE YOU WILL BE ATTENDING**

\_\_\_\_\_

**PLEASE INCLUDE A SHORT ESSAY ABOUT YOURSELF AND  
YOUR GOALS FOR THE FUTURE.**