

**2020 ELSIE P. KINNEY MEMORIAL  
SCHOLARSHIP DRAWING**

**ENTRY FORM MUST BE SUBMITTED AT THE  
CREDIT UNION ON OR BEFORE June 30, 2020.**

**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 2020**

\_\_\_\_\_

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

\_\_\_\_\_

**PLEASE INCLUDE YOUR ACCOMPLISHMENTS AND  
PARTICIPATION IN HIGH SCHOOL AND YOUR GOALS FOR  
THE FUTURE.**