

2020 Scholarship Application

Name:			
Address:			
Telephone #	Date of Birth		Westmark Account #
IMPORT	ANT NOTE: Winners v	will be notifie	ed no later than May 11, 2020.
Name, address and telep	phone number of the High	School from v	which you will graduate:
State Accredited or Lice	ensed Post-Secondary Scho	ool you plan to	o attend:
Date you will start your	Post-Secondary Education	n:	
Field or study you will p	oursue:		
Your Cumulative High	School GPA:	_ (GPAs under	r 3.50 will not be considered)
If I am selected as a win	nner, I authorize Westmark	k Credit Unior	n to verify my GPA.
		Signature	
During your life-time, v career? (100 words or l		contribution y	you hope to make in society with your chosen
RETURN APPLICATIO	NS TO: Westma	rk Credit Unio	n

Westmark Credit Union Attn: Faith Stibal, Education Specialist P.O. Box 2869 Idaho Falls, ID 83403-2869