



EDUCATIONAL SCHOLARSHIP AWARD APPLICATION

Deadline to submit – August 16, 2019 at 4:30pm

Student / Applicant NAME: _____
(Surname) (First Name) (Middle Initial)

Address: _____ City: _____ Postal Code: _____

Phone #: _____ Email: _____

Parent / Member NAME: _____
(Surname) (First Name) (Middle Initial)

OPPACU Account Number: _____

Region: Highway Safety Division North-east Region Western Region
 General Headquarters North-west Region Central Region
 Eastern Region

How did you hear about the Educational Scholarship Award program?

- Flyer in the Detachment Beyond the Badge A Colleague Website
 Credit Union Monthly Statement Mobile Banking App Your OPPA Credit Union Advisor
 Other: _____

*(Must be entering **FIRST YEAR**, full time post-secondary education)

College or University you will be attending: _____

Program of Study: _____

***Please attached a copy of tuition receipt or confirmation of enrollment**

Signature of Applicant / Student: _____ Date: _____

Signature of Parent / Member: _____ Date: _____

Please return this application to the OPPA Credit Union before August 16, 2019 at 4:30pm for consideration

