

# Walter V. Mohar Scholarship Program Application

Allegheny Central Employees  
Federal Credit Union

APPLICANT	LAST NAME		FIRST NAME		INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
	ADDRESS	PO BOX/STREET		CITY		STATE	ZIP CODE

CHOICE OF ACCREDITED SCHOOL (2 or 4 Year)	APPLIED	LOCATION (Address)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you fulfilled college entrance requirements OR do you expect to fulfill college requirements before fall registration date in above school(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your proposed major?
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HIGH SCHOOLS ATTENDED	LOCATION (City & State)	DATES ATTENDED

HIGH SCHOOL GRADUATION OR EXPECTED GRADUATION DATE	GUIDANCE COUNSELOR NAME (Last, First, Middle Name or Initial)					
HIGH SCHOOL PRINCIPAL NAME (Last, First, Middle Name or Initial)						
SCHOOL NAME						
SCHOOL ADDRESS	PO BOX/STREET	CITY		STATE	ZIP CODE	TELEPHONE
<i>I intend to pursue a degree or diploma at a 2 or 4 year accredited school.</i>			STUDENT SIGNATURE			DATE

CREDIT UNION MEMBER OR SPOUSE/ GUARDIAN IF DECEASED INFORMATION	LAST NAME		FIRST NAME		INITIAL	
	PO BOX/STREET		CITY		STATE	ZIP CODE
	EMPLOYER			EMPLOYEE STATUS <input type="checkbox"/> Working <input type="checkbox"/> Laid Off <input type="checkbox"/> Retired <input type="checkbox"/> Spouse/Guardian		
	IMMEDIATE SUPERVISOR NAME (Last, First, Middle Name or Initial)					
	MEMBER SIGNATURE				DATE	

Return completed form by the application deadline to:  
SCHOLARSHIP APPLICATION  
Allegheny Central Employees FCU  
1253 University Drive, Suite 100  
Dunbar, PA 15431

**All information must be completed in full  
and must be legible or application will be returned.  
If more information is needed, call: 724-628-2106**