



# EDUCATIONAL SCHOLARSHIP AWARD APPLICATION

Deadline to submit – August 11, 2021 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 11, 2021 at 4:30pm for consideration  
contactus@oppacu.com**

