



EDUCATIONAL SCHOLARSHIP AWARD **APPLICATION**

Deadline to submit – August 16, 2024

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

Address: _____ City: _____ Postal Code: _____

Phone #: _____ Email: _____

Parent / Member NAME: _____
(First Name) (Last Name)

Parent / Member email : _____

OPPACU Account Number: _____ **Parent must be a Member with the OPPACU*

- Region:
- | | | |
|--|--|---|
| <input type="checkbox"/> Highway Safety Division | <input type="checkbox"/> North-east Region | <input type="checkbox"/> Western Region |
| <input type="checkbox"/> General Headquarters | <input type="checkbox"/> North-west Region | <input type="checkbox"/> Central Region |
| <input type="checkbox"/> Eastern Region | | |

How did you hear about the Educational Scholarship Award program?

- | | | | |
|---|---|---|----------------------------------|
| <input type="checkbox"/> Flyer in the Detachment | <input type="checkbox"/> Beyond the Badge | <input type="checkbox"/> A Colleague | <input type="checkbox"/> Website |
| <input type="checkbox"/> Credit Union Monthly Statement | <input type="checkbox"/> Mobile Banking App | <input type="checkbox"/> Your OPPA Credit Union Advisor | |
| <input type="checkbox"/> 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*

I give permission for OPPACU to post my name and picture if I am slected as one of the winners

Signature of Applicant / Student: _____ Date: _____

Signature of Parent / Member: _____ Date: _____

Please return this application to the OPPA Credit Union by August 16, 2024 contactus@oppacu.com

