



EDUCATIONAL SCHOLARSHIP AWARD APPLICATION

Deadline to submit – August 15, 2025

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:
- 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*

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 15, 2025 contactus@oppacu.com

