financial backup for life.

EDUCATIONAL SCHOLARSHIP AWARD **APPLICATION**

Deadline to submit – August 12, 2026

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
- ☐ General Headquarters
- ☐ Eastern Region
- ☐ North-east Region
- ☐ North-west Region
- ☐ Western Region
- ☐ Central 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 12, 2026 contactus@oppacu.com