

BERNARD F. SMITH (Healthcare or Finance)

MARIE LUCILLE TETREAU (Nursing)

(Please refer to The Criteria for Eligibility for the individual scholarships before completing this form.)

This application form and its attachments must be received on or before the 1st of March to be considered.

In the event that the committee needs to communicate with you, we will use your email address.

First Name, MI		Last Name		Today's Date
Date of Birth (MMDDYYYY)	Telephone Cell or Home		Email	
Mailing Address				
Street/Apt #:				
City/State/Zip				

Date your NCHCCU Membership began, (You must be a member for at least one year prior to application): _____

Professional/Academic resume is required. Indicate your past ten years of work experience and/or the high school or college that you have attended.

High School students must submit proof of your most recent grade point average.

Academic

School/University/College Name & Location	Years Attended	Graduation/Degree Received

Employment I am a student and do not work

Place of Employment	Dates Worked	Position/Job

If you have been accepted at more than one college, list them below and indicate your strongest choice(s).

College/University	Location	Area of Degree in Finance or Healthcare

BERNARD F. SMITH (Healthcare or Finance)

My career path will be in ___ Healthcare or ___ Finance with plans to become a/an _____.

Anticipated date of completion _____

Have you been or do you expect to be awarded other scholarship, tuition reimbursement or additional financial aid? (if yes, please state source and amount)

Course description (location, dates, subjects, etc.) Attach any relevant literature.

Credit Unions have a foundation on volunteerism and helping one another. In 200 words or more, tell how you have given back, either to a group or to an individual. If you have not had that chance, describe how you would see yourself being a volunteer. Use this space, or attach a document.

You are encouraged to submit an additional letter to indicate specifically what benefits you expect to derive from this course (or courses) and to include any other information that you believe will aid this committee in making its decision.

Applicant Checklist

- Completed Application**
- Grade point average for high school students**
- Letter of Recommendation**
- Course Description Literature**
- Letter of Explanation from you, outlining your education plan and the reason for financial assistance**
- Application received by March 1st to:**
Chairperson, Scholarship Committee
C/O NCHC CU, Inc.
320 Pomfret St.
Putnam, CT. 06260

Any applications received after March 1st will be eliminated for consideration.



For Committee Use only

Date Received	Current Form () Yes () No	Date Returned	Date Received

MARIE LUCILLE TETREAU (Nursing)

My career path will be in Nursing with plans to become a/an _____.

Anticipated date of completion _____

Have you been or do you expect to be awarded other scholarship, tuition reimbursement or additional financial aid? (if yes, please state source and amount)

Course description (location, dates, subjects, etc.) Attach any relevant literature.

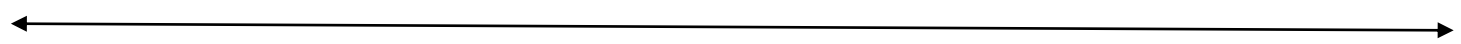
The Nursing profession shows your willingness and ability in helping another human being with compassion and humility. In 200 words or more, tell how you will embrace or have embraced this profession. Use this space, or attach a document.

You are encouraged to submit an additional letter to indicate specifically what benefits you expect to derive from this course (or courses) and to include any other information that you believe will aid this committee in making its decision.

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Rev: BOD 12/27/18, 12/19/19, 12/29/20

BERNARD F. SMITH
MARIE LUCILLE TETREULT
MEMORIAL SCHOLARSHIPS

Sponsored by the Northeastern Connecticut Health Care Credit Union

In memory of Bernard F. Smith and Marie Lucille Tetreault and in the interest of its members, the Northeastern Connecticut Health Care Credit Union and the individual families have established two educational aid scholarship programs to advance the skills of its members in the areas of health care, finance, and nursing.

Committee Structure

- ❑ New members are to be appointed by the Chairperson of the Committee and the current members as necessary.
- ❑ The Committee is composed of four members, a member of the Smith family, a member of the Tetreault family and two others. Each non-family member will serve five-year terms, with renewing membership approved by the Committee.
- ❑ The Board of Directors will appoint the first chairperson. Subsequent chairs will be appointed by the Committee and approved by the Board of Directors.
- ❑ The Committee will meet at least annually in March – or at their discretion.

Committee Policy & Procedure

- ❑ The Committee may call on the Board of Directors and the Office Staff of the NCHCCU for assistance in considering applications.

Bernard F. Smith Scholarship (Healthcare or Finance)

- ❑ Funds are allocated directly from the NCHCCU's general fund account as part of their budget process in January of each year.
- ❑ There will be five \$1,000 scholarships available each year. Scholarships will be given to qualified applicants only.
- ❑ The candidates will be informed in writing within ten days after the Committee meeting to explain the details of the award.
- ❑ Only tuition, books, laboratory or registration fees are considered for aid purposes.
- ❑ Consideration for aid will be given to applicants applying for credits or courses pertaining to the advancement of skills in the fields of health care and finance.
- ❑ Payment will be made by the Treasurer of the Board of Directors to each approved applicant with proof of payment from their institution or directly to their institution.

BERNARD F. SMITH
MARIE LUCILLE TETREULT
MEMORIAL SCHOLARSHIPS

Sponsored by the Northeastern Connecticut Health Care Credit Union

Marie Lucille Tetreault Scholarship (Nursing)

- ❑ Funds are allocated directly from the Marie Lucille Tetreault memorial scholarship credit union account.
- ❑ There will be one \$500 scholarship available each year. The scholarship will only be given to a qualified applicant.
- ❑ The candidate will be informed in writing within ten days after the Committee meeting to explain the details of the award.
- ❑ Only tuition, books, laboratory or registration fees are considered for aid purposes.
- ❑ Consideration for aid will be given to applicants applying for credits or courses pertaining to the advancement of skills in the field of nursing.
- ❑ Payment will be made by the Treasurer of the Board of Directors to the approved applicant with proof of payment from their institution or directly to their institution.

Criteria for Eligibility

- ❑ The applicant must be a member in good standing for at least one year of the Northeastern Connecticut Health Care Credit Union.
- ❑ The applicant must have a high school, GED or preparatory school diploma. High school students must submit proof of their latest grade point average.
- ❑ The applicant must be accepted in an accredited program leading to a degree in the fields of nursing. Certificate programs that do not lead to a degree will not be considered.
- ❑ Application used, must be the current version found on the NCHCCU website.
- ❑ All supporting documentation must be included with the application. Additional supporting paperwork may be requested by the Committee in order to conduct a complete review of the application.
- ❑ The applicant may be required to appear before the Scholarship Committee for a personal interview.

BERNARD F. SMITH
MARIE LUCILLE TETREULT
MEMORIAL SCHOLARSHIPS

Sponsored by the Northeastern Connecticut Health Care Credit Union

Applicant Procedure

Submit the following:

- ❑ Completed Application (Application must be the current form found on NCHCCU website)
- ❑ Grade point average for high school students
- ❑ Letter of Recommendation
- ❑ Course Description Literature
Applicants must present a request for a specific training program and, if applying for college credits, should include a copy of the course or courses to be taken and the cost.
- ❑ Letter of Explanation from you, outlining your education plan and reason for financial assistance
If the applicant is looking for reimbursement for money spent, appropriate receipts must accompany the application form.

Mail to:

Chairperson, Scholarship Committee
C/O NCHC CU, Inc.
320 Pomfret Street
Putnam, CT 06260

Applications must be received by the 1st of March to be considered.

Incomplete applications, use of an older application, lack of supporting documents, and applications submitted after March 1st will disqualify the applicant.