COLUMBUS STATE UNIVERSITY KINETIC FEDERAL CREDIT UNION/L.B. HICKSON MEMORIAL SCHOLARSHIP

This scholarship was established by Muscogee Education Association (MEA) Federal Credit Union to assist their members by providing scholarships for school teachers who desire to pursue additional coursework beyond the baccalaureate degree in the field of education at Columbus State University.

ELIGIBILITY GUIDELINES: To be eligible for consideration, an applicant must be a member of the Kinetic Federal Credit Union, hold a baccalaureate degree with teacher certification, and have been successfully employed as a full-time teacher for at least three years. The Kinetic Federal Credit Union /L.B. Hickson Memorial Scholarship is renewable to students who maintain a 3.0 grade point average. Applicants should use section "B" to submit certification of employment from their employers. Students currently not enrolled at Columbus State University must have applied to and been accepted by the University.

Section A SSN Name _____ (First) (M.I.)(Last) Address _____ (Street) (City) (State) (Zip) Home Phone (____)____ Work Phone (_____)_____ Are you a member of MEA Federal Credit Union? Yes _____ NO ____ **Applicant Signature** Date **Section B Employer's Certification:** (additional certification is available on the reverse side of this application) I certify that the applicant has been successfully employed as a full time teacher. From: To: **School Name** Street address, city, state, zip code

Title

Employer's signature

Employer's Certification:	
I certify that the applicant has been succe	essfully employed as a full –time teacher.
From: To:	
At School Name	
School Name	Street address, city, state, zip code
Employer's signature	Title
Employer's Certification:	
I certify that the applicant has been succe	essfully employed as a full –time teacher.
From: To:	
AtSchool Name	Street address, city, state, zip code
Employer's signature	Title
Employer's Certification:	
I certify that the applicant has been succe	essfully employed as a full –time teacher.
From: To:	
At	
School Name	Street address, city, state, zip code
Employer's signature	Title

Please return this application, to Columbus State University, Counseling, Foundations, and Leadership, Frank Brown Hall