

Renewal Request



RENEWAL FOR: r

Year: _____

	Fall Semester
	Spring Semeste
PERSONAL INFORMATION	

Name First	M.I.	Last
Address		
City/State	ZIP	Phone Number
Email Address		
Applicant's Credit Union Account 1	Number (Applicant must be a member in g	good standing.)
Current School	r Enrollment	Current level or completed credit hours
Cumulative GPA		Credit hours scheduled for Upcoming Semester
Please deposit scholarship proc	ceeds into my Highway Crossroads	Credit Union account.
Make Check Payable to:		Student ID #:
		Date requested check be mailed or deposited b

- 1. Attach a copy of transcript from preceding academic semester.
- 2. Attach a copy of schedule for upcoming academic semester. (Ensure student name and ID are clearly visible on transcript and schedule)
- 3. Maintain your membership with Highway Crossroads Credit Union with an active checking account and in good standing.

Deadlines to submit the completed Scholarship Renewal Application with required documents for scholarship renewal disbursements to HIGHWAY HERO HONOREE director are:

> Fall semester: August 16 Spring semester: January 5

Email to: info@highwayhero.org