

Wayne Lottes Memorial Scholarship

1. Proof of graduation or intent of graduation from High School
2. Written proof of enrollment in an accredited College or University.
3. Written proof of a "B" or above grade point average (Ex: Academic Transcript)
4. A letter of recommendation from a teacher, counselor, advisor or employer.
5. Make sure all areas of requested information are filled in.
6. Make sure application is signed and dated.

Applications that do not include all information requested on the scholarship application will not be considered.



La Porte Community Federal Credit Union Wayne Lottes Memorial Scholarship Application

General Information

Do you have an account v	with La Porte Community Federal Credit Union?	
Do you have any family a	ffiliated with La Porte Community Federal Credit Union?	
Name:		-
Address:		_
Phone Number:	High School:	_
Father's Name:		_
Occupation:	Where Employed:	_
Mother's Name:		_
Occupation:	Where Employed:	_
Number of Brothers and	Sisters:	_
,	pers Enrolled, and Attending	
College during the Next	School Year Including Yourself:	_
College or University Yo	u Will Be Attending:	_
Intended Course of Stud	y:	
<u>Scholastics</u>		
Current School GPA:	Class Rank (If Known):	_
Scholastic Awards or Ho	onors Earned:	_
Honors or Advanced Plac	cement Programs Completed:	_

Academic Competition Participation:	
School Activities	
Indicate Membership, Participation and Function in Any School Organizations, Clubs or	Activities:
Explain Any Leadership Positions, or Responsibilities Which You Have Held:	
Non-School Related Service Activities Describe Any Non-School or Community Related Service Activities You Have Been, or Ar Involved In:	re Currently
Indicate Any Community Leadership Positions or Responsibilities Held:	
Explain Any Further Non-School Experiences That Have Had a Great Impact on, or Influ	 enced Your Life

Please attach a letter of recommendation from a teacher or employer, who can best attest to your
character and abilities. This letter may help the scholarship committee distinguish you from other
applicants.

Applicants Name:
Applicants Signature:
Date:
This application must be received by March 28 th , 2025

Mail Or Deliver This Application To:

La Porte Community Federal Credit Union Attention: Scholarship Committee 1800 E Lincolnway La Porte, IN 46350