

## **BETTY SMEDLEY MEMORIAL SCHOLARSHIP** Academic Year 2024-25 **Verification of Eligibility**

## **Eligibility and Selection Criteria**

Applicants must be the dependent of an employee of Hughes Federal Credit Union.

The qualifying parent must:

- Be an employee of Hughes Federal Credit Union in good standing at the time the scholarship is
- e date

•	awarded  Be employed by Hughes Federal Credit Union for at least six months as of the application du  Work an average of at least 10 hours per week at Hughes Federal Credit Union
Appl	cant's Name:
Qual	ifying Employee's Name:
Qual	ifying Employee's Relationship to Applicant:
By s	an Resources Verification: gning below, I acknowledge that the applicant is eligible for the Betty Smedley Memorial larship for academic year 2024-25.
Hum	an Resources Signature Date
HR S	Staff Name (Typed): Staff Position: Staff Contact Phone: Staff Contact Email:
Plea	se return the signed form to the applicant who will upload it with their application.
Que	stions?

Contact Natalia Gabrielsen, Program Manager (Scholarships) at 520-289-8003