

Application Deadline: September 30, 2020

Student Applicant Last Name	First I	Name M	Middle Name		
2. Home Address Street	City	State	Zip		
3. Area Code - Telephone Number			4. Are you a U.S. Citizen? Yes or No		
5. Date of Birth			6. All In Credit Union Account Number		
7. Name and Address of All In Branch	Where You Received	This Application?	8. Email A	ddress (if we need to contact you)	
9. Father/Male Guardian			10. Mother/Female Guardian		
Address			Address		
Occupation			Occupation		
Employer			Employer		
11. Cell number for text message reminders:			Email for email reminders/notifications:		
12. High School(s) Attended: List in C	hronological Order All S	Schools Attended	During the Last Two Ye	ears:	
Name of School	Location	Course of	f Study	Dates of Attendance	
Name of School	Location	Course of	f Study	Dates of Attendance	
PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS ON A SEPARAT SHOULD BE LIMITED TO NO MORE THAN 200 WORDS EACH (TYPED AN				THE ANSWER TO EACH QUESTION	
13. List any other extra-curricular a		•	•	scholastic, cultural,	
religious, athletic, civic or comr				u work each week or your availability for this council.	
Statement of Understanding	g		,		
•	nd reported in this apr	olication is true a	nd correct. Lunderstan	d that withholding information requested or giving false	
				n this application and its enclosures. I understand that in	
order to complete the All In Credit Un	ion Youth Council pro	gram and to be c	onsidered a member o	f the All In Credit Union Youth Council, I must attend at	
least 4 out of 6 meetings. I further ago	ree that the decision of	f All In Credit Uni	on and the selection co	mmittee will be final.	
Signature of Parent/Guardian				Date	
Signature of Student				Date	