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## **2022 Louis C. Addison Memorial Scholarship**

Dear Scholarship Applicant:

Thank you for your interest in the Louis C. Addison Memorial Scholarship provided by Spero Financial. We focus on the philosophy of the credit union movement, "people helping people." Thus, our goal for providing this scholarship is to assist our member-owners who wish to pursue higher education.

Every complete application postmarked by **February 1, 2022** will be given a fair and careful evaluation. All information will be held in strict confidence. All applications become the property of Spero Financial and cannot be returned.

Carefully read all forms included in the Scholarship Packet. Upon doing so, sign and date all necessary materials and return to:

**Spero Financial  
Attn: Scholarship  
P.O. Box 10708  
Greenville, SC 29603**

Spero Financial is a not-for-profit, consumer cooperative. We focus on the philosophy of the credit union movement, "people helping people." To better serve our member-owners, the Louis C. Addison Memorial Scholarship was established. Our goal for providing this scholarship is to assist our member-owners who wish to pursue higher education.

## Scholarship Awards

Three (3) \$3,000 scholarships are awarded annually to those who meet the eligibility requirements and follow the criteria guidelines.

## Eligibility

To be eligible for the Louis C. Addison Memorial Scholarship, the **applicant must be a member of** Spero Financial, in good standing. The applicant must also be either a graduating high school senior **or** currently accepted to higher education. Immediate family members of officials or employees of Spero Financial are **not eligible** for the scholarship.

## Criteria

Members applying for the scholarship must submit the following:

- A 500-750 word original essay based on one of the following topics:
  - 1) Research a credit union pioneer and what they did for the credit union movement. How does their contribution apply today?
  - 2) Credit unions are cooperatives. There are seven cooperative principles that guide credit unions and cooperatives throughout the world. Choose two and explain how they impact you and your community.
  - 3) If you could add any product or service to Spero Financial, what would you add and why? How will it improve the financial lives of our members?
- Two reference forms completed by a high school teacher, guidance counselor, employer, instructor, professor, co-worker, or member of the clergy.
- A completed Application Form
- A transcript of member's grades from the last completed year of school.
- Acceptance letter or proof of enrollment from the institution you plan to attend in the fall.
- Signed Photo Release Form

## Payment of Scholarship

Winners will be notified by April 1, 2022 and a formal announcement will be made at Spero Financial's Annual Meeting. Winners must provide a photo within 3 business days of our initial attempt of contacting the winner or the winner will forfeit their winnings and Spero Financial will select another winner. Scholarship money will be sent to the member's institution no later than June 15, 2022.

All applications must be postmarked by February 1, 2022.  
For more information or questions about the scholarship, email or call:

**Chelsea Newton**  
**Cnewton@spero.financial**  
**864.232.5588 ext. 2027 - Greenville**  
**800.772.0405 ext. 2027 - Toll Free**



# Application

## Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current High School/College \_\_\_\_\_

Current Employer \_\_\_\_\_

Spero Financial Account Number \_\_\_\_\_

How did you hear about the scholarship? \_\_\_\_\_

## Family Information

Are you an adult applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No. If you check "yes" you do not have to complete parent information.

Father's Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Employer \_\_\_\_\_

Title/Position \_\_\_\_\_

Mother's Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Employer \_\_\_\_\_

Title/Position \_\_\_\_\_

Number of family members in your household (include parents and yourself) \_\_\_\_\_

Number of family members in your household who will be in college at least part-time during 2021, including yourself \_\_\_\_\_



# Application *-continued-*

## Financial Information

Annual gross income of family with whom you reside, including your own income\*\*

\_\_\_\_\_ \$90,000 and up

\_\_\_\_\_ \$65,000 - \$89,999

\_\_\_\_\_ \$40,000 - \$64,999

\_\_\_\_\_ less than \$40,000

Who will be responsible for financing your education? \_\_\_\_\_

Will you be receiving Veteran's Educational Benefits for college? \_\_\_\_\_

Are you a working adult? \_\_\_\_\_

Have you received any other scholarships? If so, list the scholarships and give amounts:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Extenuating financial circumstances \_\_\_\_\_

## College Plans

Institutions to which you have been accepted (in order of preference):

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Do you have any education plans beyond four years of college? If so, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\* OPTIONAL INFORMATION: this information is used to help determine scholarships based on need.



# Application *-continued-*

## Activities and Awards

Attach separate sheet if necessary

School Activity	Number of Years	Offices Held/Award Received
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Community Activity	Number of Years	Offices Held/Award Received
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Other Activity	Number of Years	Offices Held/Award Received
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Spero Financial has the sole responsibility for selecting recipients based on criteria as set forth in the descriptive brochure. Once submitted, this application becomes the property of Spero Financial. (It is recommended that you keep a copy for your files.) Please read and sign below before sending this application.

I acknowledge that the decisions of Spero Financial are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Recommendation Form 1

This recommendation form is to be completed by a high school teacher, high school guidance counselor, employer, instructor, professor, co-worker, or a member of clergy. If you need additional space, please use the reverse side or an additional piece of paper and staple it to this form.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Please circle the points, which represent your evaluation of the applicant. If you have no fair basis for judgement, please indicate that by checking the appropriate box.

Motivation, Energy, and Initiative	No Basis for Judgment	Low	Circle Score	High
Originality		1	2 3 4 5	
Leadership		1	2 3 4 5	
Ability to react positively to setbacks		1	2 3 4 5	
Respect given by peers and/or coworkers		1	2 3 4 5	
Responsibility		1	2 3 4 5	
Diligence/Perseverance		1	2 3 4 5	
Cooperation		1	2 3 4 5	
Judgement		1	2 3 4 5	

Please make a written statement regarding how this applicant has exceeded your expectations as a student and/or employee.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Work Number \_\_\_\_\_

School or Business Name \_\_\_\_\_



# Recommendation Form 2

This recommendation form is to be completed by a high school teacher, high school guidance counselor, employer, instructor, professor, co-worker, or a member of clergy. If you need additional space, please use the reverse side or an additional piece of paper and staple it to this form.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Please circle the points, which represent your evaluation of the applicant. If you have no fair basis for judgement, please indicate that by checking the appropriate box.

Motivation, Energy, and Initiative	No Basis for Judgment	Low	Circle Score	High
Originality		1	2 3 4 5	
Leadership		1	2 3 4 5	
Ability to react positively to setbacks		1	2 3 4 5	
Respect given by peers and/or coworkers		1	2 3 4 5	
Responsibility		1	2 3 4 5	
Diligence/Perseverance		1	2 3 4 5	
Cooperation		1	2 3 4 5	
Judgement		1	2 3 4 5	

Please make a written statement regarding how this applicant has exceeded your expectations as a student and/or employee.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Work Number \_\_\_\_\_

School or Business Name \_\_\_\_\_



## General Publicity, Photograph, and Video Release Form

Spero Financial  
PO Box 10708  
Greenville, SC 29603

Permission to use Photograph, Video, or Voice

Event: \_\_\_\_\_

Location: \_\_\_\_\_

I grant Spero Financial Federal Credit Union (hereinafter "Spero Financial"), its representatives and employees the right to take and use images or sound recordings (as such may be embodied in any pictures, photos, videos recordings, audiotapes, digital images, and the like) of me in connection with the above identified event and location. I authorize Spero Financial, its assigns and transferees the right to copyright, use and publish the same in print and/or electronically.

I agree that Spero Financial may use such photographs or video of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and digital/web content.

I have completely read and fully understand the above release and agree to be bound thereby.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Phone Number (optional)

\_\_\_\_\_  
E-Mail Address (optional)

\_\_\_\_\_  
Signature of Parent or Guardian (if subject under the age of 18)