

*National Credit Union Administration  
Office of Small Credit Union Initiatives  
Community Development Revolving Loan Fund*

<b>Application Student Internship Initiative - 2009</b>
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1. CREDIT UNION NAME	
2. MAILING ADDRESS	
MAILING ADDRESS, CON'T	
3. CITY, STATE, ZIP	
4. CONTACT NAME/TITLE	
5. CONTACT PHONE NUMBER	
6. CREDIT UNION FAX NUMBER	
7. CREDIT UNION EMAIL ADDRESS	
8. CREDIT UNION CHARTER NUMBER	
9. CREDIT UNION EMPLOYER TAX ID NUMBER	
10. CREDIT UNION DUN AND BRADSTREET UNIVERSAL NUMBERING SYSTEM NUMBER	
11. AMOUNT REQUESTED	\$
12. NAME AND TITLE OF AUTHORIZED INDIVIDUAL	
13. SIGNATURE	

\*By signing above, the credit union representative (1) is certifying that the credit union remains low-income designated, as defined in NCUA's Rules and Regulations; and (2) is committing the credit union to working toward the objectives of the CDRLF as described in the grant guidelines and in the application.

## **Application Student Internship Initiative (2) - 2009**

Before completing the application, please read  
all instructions and guidelines carefully and thoroughly.

Answer the following questions and attach separate sheets as necessary for your responses.

Check when completed.

- 1. Is the credit union working with a Partner credit union? If so, what is the name and address of the Partner?
- 2. How will the proceeds of the grant
  - a) improve the quality of financial services to members; or,
  - b) improve the credit union's operations?
- 3. How will the credit union measure
  - a) improvement in financial services to members; or,
  - b) improvement the credit union's operations?

NATIONAL CREDIT UNION ADMINISTRATION  
OFFICE OF SMALL CREDIT UNION INITIATIVES  
1775 DUKE STREET  
ALEXANDRIA, VIRGINIA 22314  
(703) 518-6610

E-MAIL APPLICATIONS TO: [OSCUIAPPS@NCUA.GOV](mailto:OSCUIAPPS@NCUA.GOV)

FAX APPLICATIONS TO: (703) 519 – 4088

**EMAIL OR FAX ONLY THE APPLICATION AND YOUR RESPONSES;  
DO NOT SEND THE GUIDELINES.**

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**Student Application and Agreement Form 2009**

**To be completed by the student:**

1. STUDENT NAME	
2. MAILING ADDRESS	
MAILING ADDRESS, CON'T	
3. CITY, STATE, ZIP	
4. NAME OF COLLEGE/UNIVERSITY	
5. CITY, STATE, ZIP OF COLLEGE/UNIVERSITY	
6. CLASSIFICATION (FRESHMAN, SOPHOMORE, JUNIOR, SENIOR)	
7. MAJOR/AREA OF STUDY	
8. SIGNATURE*	
9. DATE	

\*BY SIGNING ABOVE, THE STUDENT CERTIFIES THAT HE/SHE (1) IS CURRENTLY ATTENDING THE COLLEGE OR UNIVERSITY LISTED IN NUMBER 4., ABOVE, AND (2) IS ENROLLED AT LEAST PART-TIME.

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OTHER REQUIRED INFORMATION:

- A LETTER FROM YOUR COUNSELOR, ADVISOR, OR DEAN INDICTING THAT YOU ARE ENROLLED WITH AT LEAST PART-TIME STATUS.
- A RESUME OR LETTER THAT DESCRIBES YOUR WORK HISTORY IN BRIEF: GIVE DATES, NAME OF ORGANIZATION(S) AND DESCRIBE YOUR DUTIES.

THIS APPLICATION AND OTHER REQUIRED INFORMATION SHOULD BE PROVIDED TO THE HOST CREDIT UNION.