

Space City Charities 2025 Fall Semester Scholarship Application

Founded in 2009 with support from Space City Credit Union, Space City Charities is a 501(c)(3) non-profit dedicated to empowering individuals through financial literacy and educational opportunities. We primarily achieve this by awarding scholarships to deserving students in the Houston area.

Our main fundraising event is the Annual Wolf Scholarship Golf Classic. On October 29, 2024, we held our 15th annual tournament at Tour 18 Golf Course in Humble, Texas. The proceeds from this event will fund numerous scholarships, contributing to the over \$337,350 we've awarded to date.

Eligibility:

- High school senior (spring semester) or college student (2-year, 4-year, and vocational colleges accepted).
- High school or college GPA of 3.0 or higher, based on a four-point scale.
- Provide official academic transcripts.
- Provide proof of enrollment as a full-time student.
- Both undergraduate and graduate students may apply.
- To qualify for the scholarship, student's guardians that claim them as dependents must make \$100,000 or less annually. If a student is no longer claimed as a dependent, the student must make under \$100,000 annually.
- **Provide a copy of you or your parent/guardian's tax return for proof of income.***
- To qualify for a Space City Charities Scholarship, the student will be from the Houston or surrounding area.

Scholarship Amount:

- \$10,000 Space City Charities Verna Wolf 4-Year Scholarship** (4 x \$2,500) Available in 2027.
Current High School Seniors and First Semester Freshman Only.
***For the Verna Wolf Scholarships: To receive the annual \$2,500 disbursement, winners of this scholarship must provide proof of enrollment and official transcript prior to the scholarship deadline.*
- \$2,500 Space City Charities Buddy Holcombe Scholarship
- \$2,500 Space City Charities Buck M. Lay Jr. Scholarship
- \$2,500 Space City Charities Robert E. Sander Scholarship
- \$2,500 Space City Charities Jerry M. Garcia Scholarship
- \$2,500 Space City Charities Judith A. Langford Scholarship
- \$2,500 Space City Charities Stephen A. Hines Scholarship
- \$2,500 Space City Charities Scholarships

Application Checklist:

Please return this page along with the following below items:

- ☐ Completed Application (Page 2-3 of this document)
- ☐ Official Academic Transcript
- ☐ Proof of College Enrollment
- ☐ 2-3 Minute Video Submission
- ☐ Student Headshot (If awarded a scholarship, this headshot will be placed on SpaceCityCharities.org and may be used in marketing material).
- ☐ Signed Authorization (Page 4 of this document)

Video Essay Requirements, Topic, and Format:

- ☐ **2-3 Minute Video Submission Topic** – How can making informed and smart decisions with money during your college years help your financial future? How can Space City Credit Union help guide you on your journey?
- ☐ **Video Format:** Please provide us with a YouTube link to your video essay.
Please **do not** set your video as private as we will not be able to view it.

***Proof of Income Requirements:**

Students may qualify based on income. If claimed as a dependent, their guardians' income must be \$100,000 or less annually. If no longer claimed as a dependent, the student's own income must be under \$100,000 annually.

- ☐ Your parent or guardian will be providing their tax return because they **do claim** you as a dependent.
- ☐ You will be providing your own tax return because your guardian **does not claim** you as a dependent.

Application Deadline: Friday, April 18, 2025.

Please email the **YouTube link to the video essay, photo headshot, this application, your official transcript, proof of college enrollment or future enrollment, and proof of income** to Marketing@SpaceCityCU.com, Subject: Scholarship Application.



Candidate Information:

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Do you have a Space City Credit Union account? Please note that this is not required to be awarded a scholarship.

☐ Yes

Last 4 digits of your SSN#: _____

☐ No**Academic Information:**

High School: _____

College: _____

Credit Hours Earned to Date: _____ Intended Major: _____

Current Classification (Freshman/Sophomore/Junior/Senior): _____ GPA: _____

How did you hear about our Scholarship? _____



Authorization Information:

Failure to comply with any of these requirements will result in disqualification and the application will not be considered at the sole discretion of Space City Charities.

Scholarship winners are scheduled to be announced by Thursday, May 1, 2025. In July, the award will be sent directly to the school the recipient will be attending in the Fall of 2025. Schools must use the scholarship to pay the recipient's basic expenses only so long as the recipient's academic standing at the school is such that the recipient will be allowed to continue in his or her course of study. If the student withdraws for any reason during the semester or term, the remainder of the funds must be returned to Space City Charities.

I release to Space City Charities the right to access all my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria set forth by Space City Charities.

I do hereby grant Space City Charities and its affiliate's permission to use my likeness, and any quote I may wish to provide, in its future advertising efforts without restriction and compensation. I understand Space City Charities will use my photographic image for scholarship marketing collateral. My likeness will not be sold or used for profit in any other manner. No third party shall have access to my likeness beyond those vendors used by Space City Charities to produce advertising materials.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with Space City Charities.

Student Signature: _____ **Date:** _____

If you are under eighteen (18) years of age, your parent or legal guardian must sign below.

I certify that I am the parent or legal guardian of _____ and on behalf of the aforementioned minor, as well as myself, I have read this authorization and agree to all of its terms.

Parent Signature: _____ **Date:** _____

Parent Printed Name: _____ **Phone:** _____