



A Work of Heart Scholarship

VIDEO APPLICATION 2025

A. Applicant Information

Applicant First Name _____

Last Name _____

Email Address _____

Home Address _____

City _____

State _____ Zip _____

Member ___ Yes ___ No NOTE: Must be a member to apply for this scholarship. If you're not a member, you can become one and AHCU will make your opening deposit of \$10.

For more information [click here](#)

B. Education Information

School Name _____
(Where the scholarship money will be used if you win)

Address _____ City _____ State _____ Zip _____

Major _____

**Please Include a photocopy or image of your Student ID with your application.*

Your Current Classification:

___ High School Senior

___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Grad Student

When is your next tuition billing? _____

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C. Video

Dream Job & Dream Life - Create a 30-60 second video where you describe your future career aspirations and how financial literacy will help you achieve them.

The Video application needs to contain the YouTube URL address in the application.

DO NOT attach the video to the application, it will be rejected by our server as the file will be too large.

To Apply for the AHCUC Video Scholarship please do the following:

- Create your video
- Upload your video to YouTube
- Set your privacy settings on the video to "Public" so the AHCUC Scholarship Committee can view
- Title the video: "(Your first and last name) 2025 AHCUC Scholarship"
- Email this application to marketing@ahcu.org

Video Name: _____

Your YouTube URL: _____

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HEALTHCARE
Credit Union

Media Release

I/We the undersigned, grant permission to Associated Healthcare Credit Union (AHCUC) its employees, agents, successors and assigns full rights, without limitation, on behalf of myself/child and my heirs and assigns, the right to publish and use my name, written and/or oral statements, video image and/or photograph(s) for all commercial purposes including all advertising media, public relations, promotions or the credit union's website, as it relates to AHCUC business.

I waive any right to inspect and/or to approve the finished product or the promotional, marketing or advertising copies or printed matter that may be used in connection therewith, or the use to which it may be applied, either now or in the future.

I fully understand that I will not be compensated for the use of the above mentioned items. I release AHCUC, its employees, agents, successors and assigns from any and all liabilities, damages, rights, claims, demands, actions or suits, whatsoever, now or in the future, arising from the use of said name, written and/or oral statements, video image and/or photograph(s).

I have read this Release, understand its terms. I am aware that this Release will irrevocably bind me, my heirs, legal representatives, successors and assigns.

I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully and completely understand the contents hereof.

I represent that the subject is a minor and that I am the parent or duly authorized representative of the subject and that I have read the foregoing and fully and completely understand the contents hereof.

Subject's or Parent's Signature

Date

Subject's or Parent's Names- Printed

Address

City

State

Zip

Associated Healthcare Credit Union, 6789 Upper Afton Road, Woodbury, MN 55125
(651) 383-4000 www.ahcu.org