



MEMBER SCHOLARSHIP APPLICATION

*Complete the application and attach a transcript of your grades.
Incomplete applications will not be considered.*

FPCU ACCOUNT NUMBER # _____ Applicant must be a primary member.
Applicant's LAST FOUR digits of their Social Security Number # _____

1. General Information: (Please Type or Print)

Name _____ Birthdate _____
Address _____ Phone # _____
E-Mail Address _____

Father's Name _____ Phone# _____
Father's Address _____
Father's Occupation _____ Employer _____

Mother's Name _____ Phone# _____
Mother's Address _____
Mother's Occupation _____ Employer _____

Number of other family members currently in college and year?
Freshman _____ Sophomore _____ Junior _____ Senior _____
Number of other dependent children (excluding applicant): _____
Significant facts about you and your family: _____

2. Education Information:

High School _____ Graduation Date _____
GPA _____ Class Rank _____ / _____ ACT and/or SAT Score _____
Please enclose a High School/College Transcript.
(A copy is acceptable, DO NOT need an original)

Name of Community College _____ GPA _____ Graduation Date _____
Name of College _____ GPA _____ Graduation Date _____

3. Activities Information:

Please list High School or College organizations and activities in which you have been actively involved in. Please include awards and honors you have received.

Employment: Please list jobs you have or had, employer, begin/end dates.

4. Financial Information:

Yearly cost of schools you are applying to or attending currently – tuition, room and board or comprehensive fee.

School _____ **Cost** _____

Sources of funds available for college costs (approximate):

Parents	\$ _____	Own Savings	\$ _____
Student Loans	\$ _____	Financial Aid from School	\$ _____
Scholarships	\$ _____	Grants	\$ _____

5. Important Information: (If additional space is needed, you may include up to two double spaced, double-sided pages.)

What course of study are you planning to follow? _____

What are your long range personal and career goals? _____

Why would this scholarship be important to you? _____

I affirm that the confidential information provided in the application is true and complete to the best of my knowledge.

Signature _____ Date _____

Upon receipt, all applications become the property of Financial Plus Credit Union.

FOR CREDIT UNION USE ONLY:

Date Received: _____.

For School Year: _____.