SCHOLARSHIP APPLICATION

Course Title _____ Date of Program _____

Location of Program: _____

Name: _____ Credit Union Name:_____

Home Phone: _____ Credit Union Phone & Ext.: _____

Credit Union Address: _____

Present Credit Union Position: _____

____ Full Time ____ Part –Time ____Volunteer Length of credit union service: _____ years

If you are a Volunteer, what is your full-time occupation? _____

Credit Union Assets: $_____ Number of credit union employees_____

Brief Description of Credit Union Duties: _____

_____

Office held in Credit Union, Chapter, League, or National Association: _____

Will you receive assistance from your Credit Union? _____ yes _____ no If yes, in what amount _____

Will you lose wages while attending the conference? _____ yes _____ no

Have you attended the conference in previous years? _____ yes _____ no

Have you ever received a FCU Foundation scholarship? _____ yes _____ no
If yes, specify year & course _____

BRIEFLY EXPLAIN YOUR NEED FOR FINANCIAL ASSISTANCE:

_____ _____
Applicant Signature Date President/Manager Signature Date

Please fax to: Florida Credit Union League
Attention: Andy Price
Fax: (850) 558-1027

For FCUL Internal Use

Application Approved _____ yes _____ no Approved Amount _____

_____ _____
Guy M. Hood, Executive Director Date