Credit Union 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

Fax to: **Florida Credit Union League**
Attention: Cassandra Grayson
Fax: 850.558.1005

For FCUL Internal Use

Application Approved: ☐ Yes ☐ No Recommended Approved Amount: _____

Application Reviewed By: _____ Date Reviewed: _____
Cassandra Grayson, Sr. VP of Administration

Application Approved: ☐ Yes ☐ No Approved Amount: _____

_____ _____

Guy M. Hood, Executive Director Date