



Horizons 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: Connie Stoutamire
 Fax: 850.558.1053**

For FCUL Internal Use

Application Approved: Yes No Recommended Approved Amount: _____

Application Reviewed By: _____ Date Reviewed: _____
Connie Stoutamire, Director of Horizon Program

Application Approved: Yes No Approved Amount: _____

Guy M. Hood, Executive Director

Date