

# Dr. John C. Rawls Scholarship Fund

For FCU Members & Children of FCU Members





## Dr. John C. Rawls Scholarship Fund

The Dr. John C. Rawls Scholarship is a competitive scholarship for qualified Florida Credit Union members. It is sponsored by Florida Credit Union and awarded on the basis of financial need, academics, merit and other selected criteria. A variety of factors including academics, character of the applicant, the applicant's FCU affiliation and civic involvement and leadership positions will also factor greatly.

#### Who is eligible?

The award is open to students planning to further their education who are enrolled or plan to enroll in the current year in undergraduate or graduate study. Recently graduated high school students are not eligible for this scholarship; applicants must have an associates degree or greater. People interested in applying must first qualify by being an FCU member or having parent or guardian who is an FCU member.

#### When is the Deadline?

Interested students must submit their application to the Scholarship Committee by February 8, 2019.

#### How is the Award Distributed?

The Scholarship fund, awarded yearly, will be divided among more than one recipient. Recipients will be selected by an impartial Scholarship Commttee. Results will be available by April 26, 2019. Awards will be need- and academic- based.

## **Application Procedure & Checklist**

All applications must be typed via the attached fillable PDF; handwritten applications will be considered incomplete and not applicable. Applicants must sign the application. All applications and supporting documents are destroyed after award presentation to protect the privacy of applicants and their families. For each different scholarship applied to, please submit a separate application.

Once applications are completed, printed and signed, they can be sent through the mail or dropped off at any FCU branch.

#### Interested parties must complete and print the application and submit the following information:

- An Official Student Transcript from the most recently-attended institution
- · Two letters of recommendation
- A resume and list of extra-curricular and/or volunteer activities
- Essay providing a better picture of yourself and what this scholarship would mean to you. The essay must be typed and a minimum of 300 words.



## **Application Form**

**Notice:** This application is for members or children of Florida Credit Union members. To be completed and returned by February 8, 2019 to the address listed above. Handwritten and incomplete applications will not be considered. It is the responsibility of the applicant to have all materials included or forwarded. Applicants will not be contacted by FCU staff when an application is missing information or documentation. Personal information will not be shared or used for anything other than contact regarding the scholarship.

## Please Type Responses. Handwritten applications will be considered incomplete.

Name:						
			(First)	(Mid	(Middle)	
Mailing Address:						
(N	umber & Street)			(Apt. #)		
(City)		(State)		(Zip Cod	e)	
Telephone Number	: ()		Date of Birth	:/		
Email Address:				Sex (Optional):	MF	
	School/Community Colleg			licant)	(Year)	
Class Rank:	GPA:		SAT Score:	ACT S	Score:	
FCU Scholarship	nquiry:					
Scholarship Applyin	g For: Servin-E	llisE	Buchholz Academy	of Finance _	John C. Rawls	



# **Application Form**

## **Personal Information**

Parent/Guardian Name (if 18 or under):	(Last)	(First)			
Occupation of:					
(Father)		(Mother)			
Personal Occupation (if employed) :					
Indicate figure nearest your family income:					
\$10,000 - \$24,999 \$	50,000 - \$74,999	\$100,000 - \$149,999			
\$25,000 - \$49,999\$					
Number of members in household dependen	t on this income:				
Ages of Family Members:					
Are there any other members of the family a	ttending college:	YN			
How Many? Attending W	/here?				
Their College Status:Freshman	Sophomore	JuniorSenior			
Student Eligibility					
J Account Holder: Account Number:					
Student of the Buchholz High School Academ	y of Finance:Y	N			
College academic level (if applicable):Fres	hmanSophom	noreSenior			
College or University you currently/plan to atte	end:				
Starting Date:	Anticipated Gradua	ation Date:			
Anticipated/Current Major:					



PO Box 5549 | Gainesville, FL 32627-5549

# **Application Form**

#### **Finances**

Is a scholarship, employment, or both absolutely necessary to enable you to attend college? Explain (If more space is needed, please attach response separately):							
Explain (ij more space i	s needed, piedse attach respi	onse separately).					
Please indicate the a	ipproximate amount you	ı expect to receive	monthly from each source of				
	unds are not monthly, p	•	•				
Savings: \$	Parents: \$	Work: \$	Relatives: \$				
Loans: \$	Bright Futures: \$	Florida Prepaid: \$					
	DOTTITION y  The signed to the signed t		Other:				
(Applicant Signature)	(Date)		Applicant Name Printed)				
Parental Validati	On *If applicant is under 18 year	s old.					
	n) of the applicant, I hereby I wherein is a true statemen		at the above data is correct and that				
(Parent/Guardian Signa	ture) (Date)	(Par	ent/Guardian Name Printed)				