



**Fort Financial**

Credit Union

## Student Scholarship Information and Application

**All materials in this packet  
are due by June 30, 2010  
for scholarship consideration.**

**Awards will be announced at the  
end of July.**

# **IMPORTANT!**

**Please READ THIS INSTRUCTION SHEET and completely fill out each page of this packet.**

**Only fully completed packets will be considered for scholarships. Incomplete packets will be considered null and void.**

Thank you for applying for this annual scholarship award which is offered to students in order to recognize the dedication and expense required to complete a college education. We offer a pool of funds each year totaling \$5000.

## **Who is eligible?**

- High school seniors who will be graduating and going on to college and/or a university this current year (\*please note: student must be in the upper 25% of their graduating class).
- Students currently attending or accepted to an accredited college or university on full-time status.
- Student and person(s) responsible for their support must be in good member standing with Fort Financial Credit Union.

## **What type of things are considered in the selection process?**

The Scholarship Committee looks for an overall level of high achievement. In addition to academic work, the committee will consider other aspects including evidence of quality of character, initiative, integrity, concern for others, and financial need.

## **How do I apply?**

**Complete this application packet. Make sure everything is filled out and placed in order. Incomplete packets will NOT be considered for an award.**

All materials in this packet must be present in order for your application to be considered for a scholarship. Completed application packages should be delivered or mailed to your local branch office to the attention of the **Scholarship Committee by June 30, 2010.**

**Awards will be announced the end of July.**

# Scholarship Application Cover Sheet

This cover sheet must accompany ALL applications with ALL necessary forms in the correct order for consideration.

Use this checklist to make sure you have all of the requested materials needed to complete this Scholarship Package.

**PLEASE INCLUDE ALL MATERIALS  
IN THE ORDER PRESENTED HERE.**

## Application Checklist:

\_\_\_\_\_ Coversheet with Completed Application

\_\_\_\_\_ Family Financial Statement

\_\_\_\_\_ Grade Transcript

\_\_\_\_\_ Two Letters of Recommendation

\_\_\_\_\_ Letter of Acceptance

**Applicant Name**

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● **COURSE WORK**

Please use the space below to tell us which classes were the most valuable to you and why. Also, what classes did you not like and why.

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● **EXTR-CURRICULAR ACTIVITIES YOU HAVE PARTICIPATED IN WITHIN THE LAST 2 YEARS**

Please list the activities in which you participated in high school and/or college. These can include sports, band, drama, publications, honor society, etc.

ACTIVITY	DATES INVOLVED	SCHOOL ATTENDED
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WEEKLY HOURS OF PARTICIPATION	POSITION HELD
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ACTIVITY	DATES INVOLVED	SCHOOL ATTENDED
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WEEKLY HOURS OF PARTICIPATION	POSITION HELD
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ACTIVITY	DATES INVOLVED	SCHOOL ATTENDED
----------	----------------	-----------------

WEEKLY HOURS OF PARTICIPATION	POSITION HELD
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**EXTRA CURRICULAR AWARDS AND/OR RECOGNITIONS**

Please list any awards or honors you have received in connection with the above-listed activities.

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● **OUTSIDE ACTIVITIES YOU HAVE BEEN INVOLVED IN WITHIN THE LAST 2 YEARS**

Please list the activities in which you were involved outside of school. These can include church groups, choirs, volunteer work, scouting, etc.

ACTIVITY	DATES INVOLVED	SCHOOL ATTENDED
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WEEKLY HOURS OF PARTICIPATION	POSITION HELD
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ACTIVITY	DATES INVOLVED	SCHOOL ATTENDED
----------	----------------	-----------------

WEEKLY HOURS OF PARTICIPATION	POSITION HELD
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ACTIVITY	DATES INVOLVED	SCHOOL ATTENDED
----------	----------------	-----------------

WEEKLY HOURS OF PARTICIPATION	POSITION HELD
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# Family Financial Statement

**All information presented in this statement is confidential and will be used only by the Scholarship Committee.**

All applicants must complete the STUDENT INFORMATION section. If you are a dependent student (under 24 years of age and can still be claimed by your parents), your parents must complete the PARENT INFORMATION section of this form using information from their most recent IRS Tax Return. If you are an independent student, information about you and your spouse, if applicable, must be included. Figures should be taken from your most recent IRS Tax Return.

<b>STUDENT INFORMATION:</b>	<b>2009</b>	<b>2008</b>
Adjusted Gross Income		
Income you earned from working		
Your spouse (if applicable)		
Other Income		
<b>Total Income</b>		
Deductible Business Expenses		
<b>Assets:</b>		
Combined Savings & Checking Accounts		
Combined Investments (Stocks, Bonds, CD's, S & I Plan, etc.)		
Real Estate Equity		

<b>PARENT INFORMATION:</b>	<b>2009</b>	<b>2008</b>
Adjusted Gross Income		
Income you earned from working		
Your spouse (if applicable)		
Other Income		
<b>Total Income</b>		
Deductible Business Expenses		
<b>Assets:</b>		
Combined Savings & Checking Accounts		
Combined Investments (Stocks, Bonds, CD's, S & I Plan, etc.)		
Real Estate Equity		

**Parent's Occupation (dependent students only):**

Father's Name \_\_\_\_\_ Father's Occupation \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Occupation \_\_\_\_\_  
 Home Address \_\_\_\_\_  
If different from father's address \_\_\_\_\_

# Family Financial Statement

**All information presented in this statement is confidential and will be used only by the Scholarship Committee.**

Please list other children for whom educational expenses are paid by parents:

Name:	
Grade/Year:	
College/School Attending:	
Annual Amount Paid for Schooling:	\$
Name:	
Grade/Year:	
College/School Attending:	
Annual Amount Paid for Schooling:	\$
Name:	
Grade/Year:	
College/School Attending:	
Annual Amount Paid for Schooling:	\$

Part of the criteria is financial need. Describe personal or family circumstances that make it necessary for you to seek aid. If you and your family have unusual circumstances, such as illnesses not covered by insurance, unemployment, etc., that affect income, please include those as well.

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**I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that the financial information will be considered confidential for review by the FFCU Scholarship Committee.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date