Florida Credit Union®

FCU's Buchholz Academy of Finance Scholarship Fund

For Students of the Buchholz High School Academy of Finance

flcu.org

FCU Buchholz Academy of Finance Scholarship Fund

This scholarship is distributed annually in May and may be awarded to one or more Buchholz High School Academy of Finance seniors who plan to enroll in the current year in undergraduate study. Florida Credit Union awards scholarships on the basis of scholastic record, future potential, leadership, initiative, character, dependability, integrity and financial need.

Who is Eligible?

The award is open to any BHS Academy of Finance senior who plans to enroll in the current year in undergraduate study and is a member, or whose parent is a member, of Florida Credit Union.

When is the Deadline?

Interested students must submit their application to the Scholarship Committee by February 10, 2021.

How is the Award Distributed?

The Scholarship fund may be divided among more than one recipient. Recipients will be selected by an impartial Scholarship Committee. Recipients will be notified no later than April 30, 2021. 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. Student applicants and their parent or guardian must sign the application. All applications and supporting documents are destroyed after award presentation to protect the privacy of applicants and their families.

Once the application is completed, printed and signed, it can be mailed or dropped off at any FCU branch. If mailing, please address as follows:

Florida Credit Union
ATTN: Scholarship Committee
P.O. Box 5549
Gainesville, FL 32627

Interested students must complete and print the application and submit the following information:

- Transcript of Student Grades
- Two letters of recommendation; one should be from a school official (principal, teacher, guidance counselor, etc.) and one from a community member (coach, religious leader, scout leader, etc.)
- List of extracurricular activities, including dates of participation and positions held (if applicable).
- An essay to provide a better profile of who you are, your goals, and what this scholarship would mean to you. Please reflect on your leadership position held at the Bobcat Branch and the results of holding that position. Essay must be typed and a minimum of 300 words.

Scholarship Committee
Florida Credit Union
PO Box 5549
Gainesville, FL 32627-5549

Application Form for Buchholz Academy of Finance Scholarship Fund

Notice: This application is for members or children of Florida Credit Union members. To be completed and returned by February 10, 2021 to the address listed above or to any Florida Credit Union branch. 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: _____
(Last) *(First)* *(Middle)*

Mailing Address: _____
(Number & Street) *(Apt. #)*

_____
(City) *(State)* *(Zip Code)*

Telephone Number: (_____)_____ Date of Birth: _____/_____/_____

Email Address: _____ Sex *(Optional)*: ____ M ____ F

Graduate of: _____
(High School) *(Year)*

High School Class Rank: _____ GPA: _____ SAT Score: _____ ACT Score: _____

Are you dual enrolled? _____ If so, where? _____

How were you enrolled in Spring 2020?

Brick and Mortar _____
Digital Academy _____
E-School _____
Other _____

How were you enrolled in Fall 2020?

Brick and Mortar _____
Digital Academy _____
E-School _____
Other _____

Florida Credit Union

Scholarship Committee
Florida Credit Union
PO Box 5549 | Gainesville, FL 32627-5549

Application Form for Buchholz Academy of Finance Scholarship Fund

Personal Information

Parent/Guardian Name (if 21 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 ___ $75,000 - $99,999 ___ $150,000+

Number of members in household dependent on this income: _____

Ages of Family Members: _____ _____ _____ _____ _____ _____ _____

Are there any other members of the family attending college: _____Y _____N

How Many? _____ Attending Where? _____

Their College Status: ___Freshman ___Sophomore ___Junior ___Senior

Applicant Eligibility

FCU Account Holder: _____ Account Number: _____

How long have you been a student of the Buchholz Academy of Finance? _____

College or University you currently/plan to attend:_____

Start Date: _____ Anticipated Graduation Date: _____

Anticipated/Current Major: _____

Scholarship Committee
Florida Credit Union
PO Box 5549 | Gainesville, FL 32627-5549

Application Form for Buchholz Academy of Finance Scholarship Fund

Finances

How do you plan to finance your college experience? Explain *(If more space is needed, please attach response separately)* :

_____

_____

Please indicate the approximate amount you expect to receive monthly from each source of funds below. If the funds are not monthly, please divide by 12.

Savings: $_____ Relatives: $_____ Bright Futures: $_____

Parents: $_____ Florida Prepaid: $_____ Pell Grant: $_____

Work: $_____ Student Loans: $_____

Other (grants, scholarships, college savings, etc.) _____

Where do you plan to live during your first/next year in school?

____ Home ____ Dormitory ____ Apartment ____ Other: _____

Briefly describe how you've been affected by COVID-19: *(if more space is needed, please attach response separately)* :

_____

_____

_____

Student Validation

I hereby swear or affirm that the above information is correct and that the need as stated therein is a true statement.

_____ _____

(Applicant Signature) ***(Date)*** ***(Applicant Name Printed)***

Parental Validation ***If applicant is under 21 years old.**

As a parent (or guardian) of the applicant, I hereby swear or affirm that the above information is correct and that the need as stated therein is a true statement.

_____ _____

(Parent/Guardian Signature) ***(Date)*** ***(Parent/Guardian Name Printed)***