



# FCU's Buchholz Academy of Finance Scholarship Fund

For Students of the Buchholz High School Academy of Finance

[fclu.org](http://fclu.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 9, 2022.

### 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 6, 2022. Awards will be need- and academic-based.

## Application Procedure & Checklist

All applications must be typed via the attached fillable PDF; handwritten applications are considered incomplete and will not be accepted. 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.

## 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 9, 2022, 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 are considered incomplete and will not be accepted.**

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 2022?

Brick and Mortar \_\_\_\_\_

Digital Academy \_\_\_\_\_

E-School \_\_\_\_\_

Other \_\_\_\_\_

How were you enrolled in Fall 2021?

Brick and Mortar \_\_\_\_\_

Digital Academy \_\_\_\_\_

E-School \_\_\_\_\_

Other \_\_\_\_\_

# 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) : \_\_\_\_\_

Please indicate the range 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: \_\_\_\_\_

# 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)* :

---

---

Have you applied for or are you eligible for the following? Please indicate: Yes or No.

Student Loans \_\_\_\_\_ Bright Futures \_\_\_\_\_ Florida Prepaid \_\_\_\_\_ Pell Grant \_\_\_\_\_

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)*