



Dr. John C. Rawls Scholarship Fund

For Florida Credit Union Members



flcu.org



Dr. John C. Rawls Scholarship Fund

Dr. Rawls was a member of the FCU Board of Directors from 1957 to 2015 and was recognized nationally as a Board Member of the Year. The Dr. John C. Rawls Scholarship is a competitive scholarship for qualified FCU members who are currently enrolled in college or returning to college after a hiatus. It is sponsored by Florida Credit Union and awarded on the basis of a variety of factors including financial need, academics, character of the applicant, civic involvements, merit and leadership roles.

Who is Eligible?

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

When is the Deadline?

Applicants must submit their application to the Scholarship Committee by February 9, 2022.

How is the Award Distributed?

The Scholarship fund will 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. For applicants under the age of 21, the application must be signed by the applicant and his/her parent or guardian. 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 parties must complete and print the application and submit the following information:

- An Official Student Transcript from institution(s) attended
- Two letters of recommendation
- A resume and list of extra-curricular activities, volunteer involvement and professional experience.
- An essay to provide a better profile of who you are, your goals, what this scholarship would mean to you and how it would benefit your academic pursuits and future career goals. The essay must be typed and must be a minimum of 300 words.

Application Form for Dr. John C. Rawls 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
(High School) (Year)

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

College Enrollment at: _____

College Class Rank: _____ GPA: _____

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 _____

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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: _____

College academic level (if applicable): ___Freshman ___Sophomore ___Junior ___Senior

College or University you currently/plan to attend: _____

Start Date: _____ Anticipated Graduation Date: _____

Anticipated/Current Major: _____

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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)