

Dr. John C. Rawls Scholarship Fund

The Scholarship Fund will be awarded to more than one recipient.





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 financial need, academics, merit and other selected criteria. A variety of factors are considered, including academics, character of the applicant, future potential, civic involvement 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 a parent or guardian who is an FCU member.

When is the Deadline?

Applicants must submit their application to the Scholarship Committee by February 4, 2025.

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. 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 reviewed. For applicants under the age of 21, application must be signed by applicant and their 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 all institutions attended
- Two letters of recommendation (from either an instructor, an employer or a co-worker)
- A resume and list of extra-curricular activities, volunteer involvement and professional experience, citing any leadership activities.
- 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.



Scholarship Committee

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

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 4, 2025, 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)				(Ap	t. #)
	City)		{Si	tate)	{Zi _i	n Code)
Telephone Number: ()		_ Date of Birth: _	/	/		
Email Address:			Sex (Optio	nal): M F	<u> </u>	
Graduate of						
	(High School)				(Year)	
High School Class Rank:	GPA:	_SAT Score:	AC	T Score:		
Are you dual enrolled?	If so, where? _					
Do you anticipate receiving an A	A along with your h	nigh school diplo	oma?Y	N		
In 100 words or less, describe ho attach response separately):	ow you have overco	me a challenge	in your life.	(If more space	e is needed	, please

Application Form for Dr. John C. Rawls Scholarship Fund

Personal Information

Parent/Guardian Name (if under 21)		
	(Last)	(First)
Occupation of:		
Occupation of:		(Mother)
Personal Occupation (if employed):		
Please indicate the range nearest your	family income:	
\$10,000 - \$24,999	\$25,000 - \$49,999	_\$50,000 - \$74,999
\$75,000 - \$99,999	\$100,000 - \$149,999	_\$150,000+
Number of members in household dep	endent on this income:	_
Ages of Family Members:		
Are there any other members of the far	mily attending college:	YN
How Many?	Attending Where?	
Their College Status:	FreshmanSophomo	reJuniorSenior
I have previously received a scholarshi	p with Florida Credit Union.	YN
Applicant Eligibility		
FCU Account Holder:	Account Number: _	
How long have you been a student of t	he Buchholz Academy of Fin	ance?
College or University you currently/plar	n to attend:	
Start Date:	Anticipated Gradua	tion Date:
Anticipated/Current Major:		

Application Form for Dr. John C. Rawls Scholarship Fund

Finances

How will this scholar attach response separate		our education	al goals? Explain (if more	e space is needed, please		
Have you applied for o		_	ease indicate: Yes or No. Florida Prepaid	Pell Grant		
Student Loans	_ Bright Futures _		Fiorida Frepaid	Peli Gidili		
Please indicate the ap funds are not monthly,	•	expect to recei	ve monthly from each so	urce of funds below. If the		
Savings: \$	Relative	-		Bright Futures: \$		
Parents: \$	Florida	Florida Prepaid: \$				
Work: \$	Student	t Loans: \$				
Other (grants, scholars	ships, college savings, «	etc.)				
Where do you plan to	live during your first/ne	xt year in scho	ol?			
Home:	Dormitory:	Apartment:	Other:			
significant for you (if m	ore space is needed, plea	ase attach respo	nse separately):			
Student Validation I hereby swear or affin statement.	rm that the above infor	rmation is corre	ect and that the need as	stated therein is a true		
(Applicant Signature)	(Date)		(Applicant Na	me Printed)		
As a parent (or guardi	*If applicant is under 2' ian) of the applicant, I i ed therein is a true stat	hereby swear o	or affirm that the above in	nformation is correct and		
(Parent/Guardian Signature	e) (Date)		(Parent/Guardian	Name Printed)		