



# Servin-Ellis Scholarship Fund

For a high school senior who is enrolled or plans to enroll in undergraduate study in the upcoming year, and whose parents or guardians are FCU members, or who is a Florida Credit Union member themselves.





## Servin-Ellis Scholarship Fund

The Servin-Ellis Scholarship Fund was originally established in memory of the first treasurer/manager of FCU, Oscar Servin. In 1997, the fund was renamed to also honor Dr. Jonnie Ellis, a board member who served from 1987 to 1997 and served as Chair from 1993 to 1996. 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 high school senior who is enrolled or plans to enroll in the upcoming year in undergraduate study. Students interested in applying must first qualify by having a parent or guardian who is an FCU member, or by being a Florida Credit Union member themselves.

### When is the Deadline?

Interested students must submit their application to the Scholarship Committee by February 6, 2026.

### How is the Award Distributed?

The Scholarship fund will be divided among several recipients. Recipients will be selected by an impartial Scholarship Committee.

## Application Procedure & Checklist

All applications must be typed via the attached fillable PDF; handwritten applications will be considered incomplete and not reviewed. 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 additional information:

- Transcript of Student Grades from all school districts attended
- Two letters of recommendation; one should be from a school official (principal, teacher, guidance counselor, e.g.) and one from a community member (coach, religious leader, scout leader, employer, e.g.)
- List of extracurricular activities, including dates of participation and leadership positions held (if applicable).
- An essay providing a better profile of who you are, what this scholarship would mean to you, and how this scholarship will benefit you in your academic pursuits and future career goals. The essay must be typed and be a minimum of 300 words.



# Application Form for Servin-Ellis Scholarship Fund

## Personal Information

Parent/Guardian Name (if under 21) \_\_\_\_\_  
(Last) (First)

Occupation of: \_\_\_\_\_  
(Father) (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 - \$124,999 \_\_\_\_\_ \$125,000 - \$149,999

\_\_\_\_\_ \$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: \_\_\_\_\_ Year Opened: \_\_\_\_\_

College or University you plan to attend: \_\_\_\_\_

Start Date: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Anticipated/Current Major: \_\_\_\_\_

# Application Form for Servin-Ellis Scholarship Fund

## Finances

How do you plan to finance your college expenses? Explain (if more space is needed, please attach response separately)

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

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

Other (grants, scholarships, college savings, athletic scholarship etc.) \_\_\_\_\_

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: \$ \_\_\_\_\_

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

Home: \_\_\_\_\_ Dormitory: \_\_\_\_\_ Apartment: \_\_\_\_\_ Other: \_\_\_\_\_

In 100 words or less, tell us what your most rewarding community service involvement has been and why was it significant for you (if more space is needed, please attach response separately):

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## 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)