



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 2, 2024.

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 2, 2024, 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? _____

Do you anticipate receiving an AA along with your high school diploma? ____Y ____N

In 100 words or less, describe how you have overcome a challenge in your life. (If more space is needed, please attach response separately):

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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 - \$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: _____

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: _____

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Finances

How will this scholarship help you meet your educational goals? 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: _____

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):

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)