

# Scholarship Application



Southeastern  
Credit Union Foundation  
Charity. Community. Cooperation.

Course Title \_\_\_\_\_ Date of Program \_\_\_\_\_

Location of Program \_\_\_\_\_ Credit Union Name \_\_\_\_\_

Amount Requested \_\_\_\_\_

Name \_\_\_\_\_ Federal Employer ID # \_\_\_\_\_

Credit Union Address \_\_\_\_\_

Email \_\_\_\_\_ Credit Union Phone (with ext) \_\_\_\_\_

Present Credit Union Position: \_\_\_\_\_

Full Time     Part-time     Volunteer    Length of Credit Union Service: \_\_\_\_\_ Years

If you are a Volunteer, what is your full-time occupation? \_\_\_\_\_

Credit Union Assets \$ \_\_\_\_\_ Number of Credit Union Employees \_\_\_\_\_

## Brief Description of Credit Union Duties

Offices held in credit union, chapter, League, or national association \_\_\_\_\_

Will you receive assistance from your credit union?     Yes     No    If yes, in what amount \_\_\_\_\_

Will you lose wages while attending the conference?     Yes     No

Have you attended the conference in previous years?     Yes     No

Have you ever received an SECUF scholarship?     Yes     No

If yes, specify year & course \_\_\_\_\_

## Briefly Explain Your Need for Financial Assistance

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

President/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please fax to:** Southeastern Credit Union Foundation  
Attention: SECUF Executive Director  
**Fax: 850.558.1155**

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### *For LSCU Internal Use*

Application Approved     Yes     No    Recommended Approved Amount    \$ \_\_\_\_\_

Application Reviewed By \_\_\_\_\_ Date reviewed \_\_\_\_\_  
SECUF Executive Director

Application Approved     Yes     No    Approved Amount \$ \_\_\_\_\_

Patrick W. La Pine, LSCU CEO \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_