

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

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 _____