

# SCHOLARSHIP APPLICATION FORM

Full Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of High School \_\_\_\_\_ Graduating Year \_\_\_\_\_ GPA \_\_\_\_\_

Name of College/Trade School \_\_\_\_\_ Graduating Year \_\_\_\_\_ GPA \_\_\_\_\_

Provide details on any other scholarships received in the table below:

NAME OF SCHOLARSHIP	AMOUNT RECEIVED

According to the Free Application for Student Aid (FAFSA®), what is your expected Family Contribution? \_\_\_\_\_

Provide a statement of any extracurricular activities, hobbies, work experience, community involvement and organizations that you participate in:

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Provide a statement about your plans after college. *(This can include your career and life goals.)*

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**ACFCU**  
ATLANTIC CITY FEDERAL CREDIT UNION

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Why do you deserve this scholarship and how would it help you?

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## ADDITIONAL DOCUMENTS CHECKLIST

Please submit the following documents with your completed application:

- Your high school transcript and, if applicable, your college transcript
- Three (3) letters of recommendation
- Must be a member of ACFCU or have a family member that is a member.
  - Self
  - Family Member (Name & Relation): \_\_\_\_\_

Copies of your application and supporting documents will be reviewed by the selection committee. Please complete your application electronically or in ink.

By completing the application process for ACFCU, you agree to ACFCU using your name and/or picture (provided by you) for marketing purposes (i.e. newsletter, website, Facebook).

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_