



24TH Annual Scholarship Application

ELIGIBILITY REQUIREMENTS: Open to Select Federal Credit Union members (must be at least a High School Senior) wishing to pursue higher education or further their education for career advancement. Applicants must be the primary account owner and be a credit union member in good standing (no delinquent history or NSF activity) and will be reviewed for activity (i.e. deposit frequency, use of services, etc.). The scholarship funds awarded will be made payable to the student and accredited college, junior college, or university. Parents may not apply for scholarship monies that will be used for their dependent. The dependent must apply and have his/her own account.

INSTRUCTIONS: The accuracy, completeness, legibility and quality of information provided in this application are considered an important factor in the evaluation of your application. Please type or print all information. We suggest first reading through the application prior to completing as not all information requested may be applicable. Incomplete applications will not be considered for eligibility.

1. Attach at least two letters of recommendation from teachers, parents, employers or any other persons who wish to recommend you.
2. Attach your most recent high school and/or college transcript, if applicable.
3. Attach a recent photo of yourself, preferably a black and white photo (color photo is acceptable).
4. Upon completion of this form, mail or deliver with the proper attachments to:

SELECT FCU
ATTN: SCHOLARSHIP COMMITTEE
1914 N Interstate 35
SAN ANTONIO, TX 78208

DEADLINE FOR APPLICATIONS IS APRIL 16, 2021

APPLICANT INFORMATION

NAME (CIRCLE ONE): MR. MRS. MS. MISS

LAST: _____ FIRST: _____ MI.: _____

SEX (CIRCLE ONE): FEMALE MALE

SOCIAL SECURITY NUMBER: _____

BIRTH DATE: MONTH/DAY/YEAR _____ / _____ / _____ AGE: _____

HOME #: (____) _____ DAYTIME PHONE #: (____) _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL ADDRESS (IF APPLICABLE)

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

HIGH SCHOOL ATTENDED (IF APPLICABLE)

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COLLEGE/UNIVERSITY OR BUSINESS/TRADE SCHOOL OF YOUR CHOICE:

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

UNDERGRADUATE MAJOR (IF APPLICABLE): _____

DATE COMPLETED: _____

OTHER GRANTS/SCHOLARSHIPS APPLIED FOR: _____

LIST ALL OTHER GRANTS/SCHOLARSHIPS RECEIVED AND AMOUNTS _____

TOTAL FINANCIAL AID RECEIVED (INCLUDING LOANS, WORK STUDY, ETC.):



FAMILY/FINANCIAL DATA

COMPLETE IF YOU ARE A DEPENDENT LIVING WITH A PARENT/GUARDIAN

NAME OF PARENT(S) OR GUARDIAN(S): _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY: _____ ST: _____ ZIP: _____ PH #: (____) _____

MOTHERS OR FEMALE GUARDIAN'S AGE: _____

OCCUPATION: _____ ANNUAL INCOME: _____

FATHERS OR MALE GUARDIAN'S AGE: _____

OCCUPATION: _____ ANNUAL INCOME: _____

NUMBER OF FAMILY MEMBERS IN HOUSEHOLD (INCLUDING YOURSELF): _____

NUMBER OF FAMILY DEPENDENTS IN HOUSEHOLD (INCLUDING YOURSELF): _____

TO BE COMPLETED BY HEAD OF HOUSEHOLD OR LEGAL GUARDIAN (THIS INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED BY THE SCHOLARSHIP COMMITTEE IN ASSESSING THE APPLICANT'S FINANCIAL NEED.)

TOTAL ANNUAL FAMILY INCOME \$ _____

SIGNATURE: _____
(HEAD OF HOUSEHOLD/LEGAL GUARDIAN)

COMPLETE IF YOU ARE AN INDEPENDENT APPLICANT

SPOUSE'S AGE (IF APPLICABLE): _____

OCCUPATION: _____ ANNUAL INCOME: _____

NUMBER OF FAMILY MEMBERS (INCLUDING YOURSELF): _____

NUMBER OF FAMILY DEPENDENTS (INCLUDING YOURSELF): _____

TOTAL ANNUAL FAMILY INCOME \$ _____



EMPLOYMENT DATA

PRESENT EMPLOYER: _____ POSITION: _____

HOURS: _____ EARNINGS \$ _____

BIOGRAPHICAL DATA (responses on separate page)

Financial Need – 100 to 300 words

Please describe your particular circumstances regarding financial need and the impact this scholarship will have upon your situation. Please highlight and outline your current and previous work experiences and discuss how you have saved or prepared for the cost of college.

Professional Goals/College Choice – 150 words or less

Describe the professional goals you would like to achieve in two to four years. If you are enrolling in a particular program, tell us why you have chosen this course of study. If you are enrolling in a general program, please tell us how this will help you meet your goals. Also, please tell us why you chose college/university attending for your education/training.

Community Involvement – 100 to 200 words

Please describe your involvement in Community related activities or groups. This would include community volunteering or service with a local nonprofit, governmental, or community-based organizations, as designed to improve the quality of life for your community members.

Accomplishments – 100 to 200 words

Please describe your personal, professional and/or academic accomplishments of which you are most proud. This can be, but isn't limited to, organizations/activities outside of school in which you have participated, leadership positions you have held in organizations, academic and other awards received, etc.

I declare, under penalty of perjury, that I meet the eligibility requirements and that all the information in this application is true and correct.

SIGNATURE

DATE



Date: _____

Name: _____

Address: _____

Daytime Ph. _____

E-Mail: _____

Acct#: _____

Thank you for your interest in
Select Federal Credit Union's
24TH Annual Scholarship
Award. Enclosed is a
scholarship packet per your
request. Please fill out all
information required, sign and
return to us. Contact us with
any questions that may arise.

Thank You & Good Luck!
210-223-6561

