



Servin-Ellis Scholarship Fund

For FCU Members & Their Children Graduating High School in 2023



fllu.org



Servin-Ellis Scholarship Fund

The Servin-Ellis Scholarship Fund was originally established in memory of the first treasurer/manager of FCU, Oscar Servin. In 1997, the fund was renamed to also honor Dr. Jonnie Ellis, a board member who served from 1987 to 1997 and served as Chair from 1993 to 1996. Florida Credit Union awards scholarships on the basis of scholastic record, future potential, leadership, initiative, character, dependability, integrity and financial need.

Who is Eligible?

The award is open to any high school senior who is enrolled or plans to enroll in the current year in undergraduate study. Students interested in applying must first qualify by having a parent or guardian who is an FCU member, or by being a Florida Credit Union member themselves.

When is the Deadline?

Interested students must submit their application to the Scholarship Committee by February 3, 2023.

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. Student applicants and their parent or guardian must sign the application. 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 students must complete and print the application and submit the following information:

- Transcript of Student Grades from all school districts attended
- Two letters of recommendation; one should be from a school official (principal, teacher, guidance counselor, etc.) and one from a community member (coach, religious leader, scout leader, employer, etc.)
- List of extracurricular activities, including dates of participation and leadership positions held (if applicable).
- An essay providing a better profile of who you are, what this scholarship would mean to you, and how this scholarship will benefit you in your academic pursuits and future career goals. The essay must be typed and be a minimum of 300 words.

Application Form for Servin-Ellis Scholarship Fund

Notice: This application is for members or children of Florida Credit Union members who are graduating from high school in 2023. To be completed and returned by February 3, 2023, 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, how do you define success? (if more space is needed, please attach response separately) :

Application Form for Servin-Ellis Scholarship Fund

Personal Information

Parent/Guardian Name (if 21 or under) _____
(Last) (First)

Occupation of: _____
(Father) (Mother)

Personal Occupation (if employed) : _____

Please indicate the range nearest your family income:

___ \$10,000 - \$24,999 ___ \$50,000 - \$74,999 ___ \$100,000 - \$149,999
___ \$25,000 - \$49,999 ___ \$75,000 - \$99,999 ___ \$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: _____

College or University you plan to attend: _____

Start Date: _____ Anticipated Graduation Date: _____

Anticipated/Current Major: _____

Application Form for Servin-Ellis Scholarship Fund

Finances

How do you plan to finance your college experience? 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)