

SCHOLARSHIP APPLICATION FORM ESTACADO FEDERAL CREDIT UNION

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you or your family a member of EFCU? Yes _____ Acct # _____ No _____

Have you previously attended a college or university? Yes _____ No _____

If yes please include a copy of college/university transcript.

Which college or university do you plan to attend?

1st Choice: _____ 2nd Choice: _____

Have you applied for admission? Yes _____ No _____

Estimate total college expenses for one year. \$ _____

Number of dependent children in family (including applicant). _____

Number of family members currently enrolled in college (including applicant). _____

List academic honors received in High School:

_____	_____
_____	_____
_____	_____
_____	_____

List school-related clubs, activities, achievements, etc. (non-academic):

_____	_____
_____	_____
_____	_____
_____	_____

List scholarships received:

_____	_____
_____	_____
_____	_____

List community related activities (i.e. volunteer work, etc.):

_____	_____
_____	_____
_____	_____

List hobbies and/or recreational activities:

_____	_____
_____	_____
_____	_____

Work Experience:

Name of Employer:	Type of Work:	Length of Service:
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_____	_____	_____
_____	_____	_____