



## 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 MARCH 31<sup>ST</sup> 2025**

# 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 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 is not 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.**

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SIGNATURE

DATE



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Ph. \_\_\_\_\_

E-Mail: \_\_\_\_\_

Acct#: \_\_\_\_\_

