

BROWNFIELD FEDERAL CREDIT UNION

2024 SCHOLARSHIP APPLICATION

(NOTE: APPLICANT, PARENT, OR GUARDIAN MUST HAVE BEEN A MEMBER OF THE BROWNFIELD FEDERAL CREDIT UNION AT LEAST 6 MONTHS PRIOR TO APPLYING FOR THE SCHOLARSHIP)

APPLICANT'S NAME: _____

CREDIT UNION MEMBER'S ACCOUNT #: _____

APPLICANT'S ADDRESS

STREET: _____

CITY: _____

STATE & ZIP CODE: _____

APPLICANT'S PHONE #: _____

HIGH SCHOOL ATTENDING: _____

TRANSCRIPT INFORMATION

RANK: _____ OF CLASS OF (NUMBER) _____

CUMULATIVE GPA: _____

NAME OF UNIVERSITY, COLLEGE, OR TECHNICAL SCHOOL
APPLICANT PLANS ON ATTENDING

PROBABLE MAJOR: _____

CLUBS, ORGANIZATIONS, OTHER SCHOOL ACTIVITIES

COMMUNITY, CIVIC, WORK, VOLUNTEER ACTIVITIES
