

City of Firsts Community Federal Credit Union

1120 S. Main Street P.O. Box 187 Kokomo, IN 46903

Charles W. Franklin Memorial / Beryl D. Etherington Scholarship

Eligibility: Any senior who has been a member of City of Firsts Community Federal Credit Union prior to January 1, 2024. **The applicant must be a member of the Credit Union, not a joint owner on a parent's account**. The student must have at least a "C" average; have a record of good citizenship; and be enrolled in an accredited post-secondary institution.

Application Process: Interested students may obtain an application from their local school Guidance Counselor or at City of Firsts Community FCU.

Amount: The Scholarship (\$1,000) will be paid directly to the post-secondary institution of choice when proof of enrollment has been established.

Selection Criteria:

- 1. Good Citizenship
- 2. School Service and/or activities
- 3. Community Service
- 4. Financial need
- 5. Academics

Application Deadline:

Applications must be returned to the Credit Union prior to April 30, 2024.

City of Firsts *Community* Federal Credit Union Scholarship Application

Charles W. Franklin Memorial / Beryl D. Etherington Scholarship (\$1,000.00 Scholarship)

Please type or print:

Name: Last First M.I. Address:
Career Choices: Schools to which you have applied and <u>circle</u> those to which you have been accepted Have you received other Scholarships? Yes No \$ Amount
Schools to which you have applied and <u>circle</u> those to which you have been accepted
Have you received other Scholarships? Yes No\$ Amount
Available funds from Job, Savings, Family: \$
What other sources of income do you have:
Parent / Guardian Name:
Parent / Guardian Employer:
Position:
Number of Brothers and Sisters: Younger: Older: (If Dependents)
Number from above (including self) in post High School education next year:
Honors and Awards received in High School:

Offices held:		
School Activities:		
Write a brief paragraph below telling whan any data you believe will assist in the even	ny you deserve the Committee's consideration. Inc valuation of your financial need.	lude
My signature authorizes the use of all p	ertinent school information.	
Applicant's Signature	Parent / Guardian Signature	
Home Telephone:	City of Firsts Community FCU:	
()	Account #	
Please include a copy of your Acade	emic Transcript.	
<u>Guidance Counselor</u> – Please comple	ete the following information:	
Class Rank GPA		
Total SAT Score		
Applications must be return	ed to the Credit Union prior to April 30,2024	<u>i</u>