



SCHOLARSHIP APPLICATION

1. The applicant must be a Lake or Porter County high school graduating senior whose goal is to attain a two-year or four-year degree from an accredited college or university. This includes applicants presently attending either a traditional high school or home school.
 2. The applicant must be a member of AFFCU as of December 31, 2024.
 3. The applicant must be enrolled as a full-time student (12 or more credit hours) to an accredited college or university and provide with their application their letter of acceptance from the college or university that he/she will be attending.
 4. Include applicant's most recent original certified transcript and their school's grading system.
 5. Selection criteria include the following minimum: high school unweighted grade point average (GPA) of 2.50 on a 4.00 scale.
 6. Include applicant's one (1) page original personal typed letter or essay giving reasons for applying.
 7. Attach a brief resume of school activities, community volunteer opportunities or special awards.
 8. Include two (2) letters of recommendation. (Not from a relative or friend.)
 9. If selected, the scholarship winner must retain an AFFCU membership for a minimum of twelve (12) months from the date of the Annual Meeting.
- **Deadline for returning application – March 31, 2025**
 - **Application must be submitted in a sealed envelope.**
 - **Any missing items will be an automatic disqualification of the application.**

DO NOT LEAVE ANY BLANKS [Include N/A if not applicable.]

PERSONAL & FINANCIAL PROFILE

Applicant's Name _____
First name Middle name Last name

Permanent Home Mailing Address _____

City _____ State _____ Zip Code _____

Email _____

Daytime Phone _____ Cell Phone _____

Best time to call _____

Date of Birth _____

Name of Parent / Guardian _____

Address _____

Phone Number _____

Family Adjusted Gross Income from most current Federal Tax return:

___ Under \$10,000 ___ \$10,000/\$19,999 ___ \$20,000/\$29,999 ___ \$30,000/\$39,999
___ \$40,000/\$49,999 ___ \$50,000/\$59,999 ___ \$60,000/\$69,999 ___ \$70,000 and over

Has Student been employed at any time in the past 12 months? Yes ___ No ___

Number of hours worked per week by Student _____

Name of Student's employer _____

Type of business _____

Name of high school attended _____

Unweighted GPA _____ on 4.00 Scale

Home schooled _____ Yes _____ No Dates: From / To _____

Which college do you plan to attend? _____

What will be your field of study? _____

My Career Plans are _____

Have you applied for financial aid? _____

Have you received any other scholarships, grants or monetary awards? _____

If yes, the anticipated amounts _____

List any extracurricular activities/athletics, volunteer/community service, special awards:

I hereby certify that the information I have submitted is correct. I authorize the release of this information to the members of the Scholarship Selection Committee with the understanding all information will be held in confidence. I agree to the conditions established for this scholarship award.

Applicant/Member's Signature _____

Date _____

Applicant/Member's Printed Name

Member's Account Number _____

How did you hear about AFFCU's Scholarship Program? _____

All applications whether mailed or hand delivered must be received no later than March 31, 2025.

**Mailing address: Advance Financial Federal Credit Union
Attention: Scholarship Selection Committee
31 West US Highway 30
Schererville, IN 46375**