



www.mycuep.org



Glenn Johnson Credit Union Education Program Scholarship Application

Course Title	Date of Course
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Applicant's Name

Credit Union Name	Credit Union Phone Number
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Credit Union Address

Credit Union Position	<input type="checkbox"/> Full-time Employee	<input type="checkbox"/> Part-time Employee
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Length of Credit Union Service	Credit Union Asset Size	Number of Credit Union Employees
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Brief Description of Credit Union Duties
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Will You Receive Assistance From Your Credit Union?	Will You Lose Wages While Attending this Course?	Have You Taken Previous Courses
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Have You Ever Received a FSCJ/CUEP Scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Course & Year Taken
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Briefly Explain Your Need for Financial Assistance
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If you are granted the requested scholarship, you must successfully complete each course for which you receive a scholarship with a grade of "B" or higher in order to continue in the scholarship program. You must reapply for subsequent scholarship funding.

Applicant's Signature

Date

As Manager/President, I have reviewed this application and attached a letter of recommendation as required.

Manager/President

Date