

2025 SCHOLARSHIP PROGRAM

YOU MUST BE A MEMBER TO ENTER

Application deadline: June 30, 2025

TYPE OR PRINT CLEARLY ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly

APPLICANT			
Last Name	First Name		Middle Initial
Permanent Mailing Address			_ Apartment #
City	County	State Zi	p Code
Telephone ()	Date of Birth: Month	Day	Year
Email Address	Member Number		
PARENT OR GUARDIAN INFOR (Required if applicant is under 18)	MATION		
Last Name	First Name		Middle Initial
Permanent Mailing Address			Apartment #
-	County		
Day Telephone ()	Relationship to Appli	cant	
HIGH SCHOOL			
School Name	High School Grade	uation Date: Month	Year
City	County	State Tele	ephone ()
	me of the postsecondary school you plan rence the schools to which you have appli		es. Do not use abbreviations.
School Name	City		State
	City		State
[] 4 yr. College of University	[] 2 yr. Community or Junic	r College []	Vocational-Technical School
[] Other, explain:			

Major or course of study	Expected co	ollege graduation da	te: Month Year				
Degree: [] Bachelor [] Associate [] Certific	cate []Other, e	xplain:					
Sending a resume does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. Your name, address, and the name of this scholarship program should be included on all attachments.							
WORK EXPERIENCE Describe your paid work experience	ce during the past fou	r years (e.g. food serve	r, camp counselor, babysitter, etc.)				
Employer	Type of Bus	iness					
Your Position	Start Date	End Date	Hour Per Week				
Duties							
Employer	Type of Bus	iness					
Your Position							
Duties							
Add Additional information on supplemental sheets Disclaime will be co		is optional and will not impact you of whether work experience is incl					
COMMUNITY VOLUNTEER EXPERIENCE Describe your unpaid work experience during the past four years (e.g. Hospital volunteer, Project Homeless Connect, food bank, etc.)							
Organization		ey Provide					
		-	Hour Per Week				
Organization	Services Th	ey Provide					
Start Date End Date Hour P	er Week	Your Duties					
Add Additional information on supplemental sheets							
SCHOLASTIC ACTIVITIES Describe any activities in wi (e.g. Debate Team, Chorus, Student Government, Athlet		in school during the pa	ast four years				
Name of Club or Activity	[Description					
Offices Held (If applicable) Nu	umber of Years Pa	articipated					
Name of Club or Activity	ſ	Description					
		articipated					
· · · · · · · · · · · · · · · · · · ·							
LIST HOBBIES AND INTERESTS							

Add Additional information on supplemental sheets

AWARDS AND HONORS	List any special awards or honors	you received during your high school career,	and designate whether this

was given from your school or another organization

Add Additional information on supplemental sheets

GOALS AND ASPIRATIONS Please describe in detail your career and long-term goals after college

Add Additional information on supplemental sheets

TRANSCRIPT INFORMATION All applicants must submit official high school transcript of grades and have this section completed by the appropriate school official. (A clear explanation of the school's grading scale must also be submitted.)

	Cumulative Grade Point Average	
Applicant ranks	Weighted:	_/4.0 scale
in a class of	Unweighted:	/4.0 scale

APPLICATION CHECKLIST The student is responsible for submitting all materials on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all the following materials have been received, and only if the following material is received by May 31, 2025.

[] Student Application

[] Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to, or provided as an attachment and emailed to scholarship@SanFranciscoFCU.com or mailed to: San Francisco Federal CU Youth Scholarship Program

> 770 Golden Gate Avenue San Francisco, CA 94102

Confirmation Required:

By checking this box,

[] I confirm that I am not an immediate family member (child, stepchild, or legal dependent) of a current employee of San Francisco Federal Credit Union. I understand that providing false information may disgualify my application.

CERTIFICATION San Francisco Federal Credit Union has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of San Francisco Federal Credit Union.

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If selected, San Francisco Federal Credit Union may use my name and likeness in their communications. Falsification of information may result in termination of any award granted.

Applicant's Signature

Parent's Signature (if applicant is under 18) _____ Date _____

Date