



2024 SCHOLARSHIP APPLICATION

Name of Applicant: _____
Last Name First Name Middle Name

Applicant's Address: _____
Street City

State Zip Code

Applicant's Phone (cell or home): _____ - _____
(area code)

Applicant's Email address: _____

Louisiana Catholic Federal Credit Union Member Number: _____

College planning to attend: _____

Sign the following attestation:

I agree that all the information contained in this application and accompanying documents is complete, factually correct and honestly prepared.

Signature of Applicant

Date

Please read this important information:

Winners will be contacted personally by April 26, 2024. Announcements will also be made in our newsletter and on our website. A picture may be required. The decision of the Scholarship Committee is final. **Scholarship winners are required to provide proof of college enrollment prior to award funds being disbursed.** The scholarship funds will be sent directly to the college's business office and is a one-time, non-renewable award. Should winners' plans change, and attending college in the fall following graduation does not occur, funds remain with LCFCU.