



Funding for: \_\_\_\_\_ Fall Semester \_\_\_\_\_ Spring Semester

**PERSONAL INFORMATION**

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State Zip Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Applicant's Credit Union Account Number (Applicant must be a member in good standing)

**SCHOOL INFORMATION**

\_\_\_\_\_  
Current School

\_\_\_\_\_  
Cumulative GPA Completed credit hours this semester

\_\_\_\_\_  
Student ID #:

1. Attach a copy of transcript from preceding academic semester.
2. Maintain your membership with Ozark Federal Credit Union with an active checking or savings account and in good standing.

Submit to: [tabitha@ozarkfcu.com](mailto:tabitha@ozarkfcu.com)