

2018

Betty M. Collins

# Memorial Scholarship

## Application Requirements

This completed application  
Completed submission  
requirement/Essay

One letter of recommendation  
Recent college transcript

## Eligibility Criteria

Currently enrolled in an  
accredited institution  
Pursuing a degree or certification  
in the field of healthcare

Minimum GPA of 3.0  
Alive Credit Union member in  
good standing

All of the application requirements must be received in a single package by **Friday, March 30, 2018**.  
Individuals not meeting the eligibility requirements or incomplete applications will not be considered.

Name \_\_\_\_\_ Alive CU Member Number \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Attending (Name of Accredited Institution) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Current GPA \_\_\_\_\_ Major/Certification Being Pursued \_\_\_\_\_

Please List Any Academic Honors Received

Please List Your Community Involvement

Please submit a typed 500–750  
word essay on the following topic:

Describe an obstacle you've solved or would like to solve in the healthcare field. It can be an intellectual challenge, a research query, an ethical dilemma - anything that is of personal importance, no matter the scale. Explain its significance to you and what steps you can take to identify a solution.

I CERTIFY THAT THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT MY APPLICATION WILL NOT BE CONSIDERED IF I HAVE NOT FULLY COMPLETED THIS APPLICATION AND ATTACHED MY ESSAY, A CURRENT TRANSCRIPT AND ONE LETTER OF RECOMMENDATION.

Send By The Betty M. Collins Memorial Scholarship Selection Committee  
Mail: c/o Alive Credit Union | 9790 Touchton Road | Jacksonville, FL 32246

Send By Email: [scholarship@alivecu.coop](mailto:scholarship@alivecu.coop)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



Scholarship recipients will be selected without regard to race, sex, color, creed, religious preference, age, national origin, disability or any other basis prohibited by law. Students who are Alive Credit Union directors, employees or family members of such are not eligible for this Scholarship. The decision of the Scholarship Selection Committee will be final. For questions regarding this scholarship, please call Alive Credit Union at (904) 296.1292 or email [scholarship@alivecu.coop](mailto:scholarship@alivecu.coop).