2025 Louis M. Brown/Cinfed Credit Union

SCHOLARSHIP APPLICATION

Home Address			
City			
Phone			
Email			
(Note: email address required; multiple applicat	tions from the same email address will no t	t be accepted.)	
Student must be a Cinfed member. For verification purposes, please provi	ide the last 4 digits of student's a	ccount number:	
SCHOOL YOU PLAN TO ATTEND:	-		
Name			
Address			
City			
the 2025-2026 academic year. This includes un accredited schools. If I receive a Louis M. Brown Union in connection with the program. (If applic parent/guardian is required.)	n/Cinfed Credit Union Scholarship, I conse cant is younger than 18 years old on the da	nt to the use of my name and imag ate the application is submitted, the	ge by Cinfed C e signature of
accredited schools. If I receive a Louis M. Brown Union in connection with the program. (If applied	n/Cinfed Credit Union Scholarship, I conse cant is younger than 18 years old on the da	nt to the use of my name and imag ate the application is submitted, the Date	ge by Cinfed C e signature of
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