



SECU Foundation

PEOPLE HELPING PEOPLE

NC COMMUNITY COLLEGES

CREATING SUCCESS

**Nash Community College Continuing Education
SECU Scholarship Authorization Form**

Class Title: _____ Class #: _____ CE Term: _____

Student: _____ Datatel ID: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Datatel Sponsor Codes in STSP	Description	Fees (Con Ed. Office)	Approved Amount
CEDOE	Registration Fee		
SECCE	Campus Security Fee		
ACCFE	Campus Insurance Fee		
MALPR	Liability Insurance		
BOOKS	Textbook(s)		
BKTAX	Textbook tax (6.75%)		
BUNIF	Uniforms		
BSUP	Supplies		
	Balance payable to student		
	Scholarship Total (\$500.00 Max.)		

Continuing Education Dept.: Processed By _____

_____ Date

Dean, Continuing Education _____

_____ Date

Con. Ed. Office Use Only	<p>Student will complete / submit forms 1-2:</p> <ol style="list-style-type: none"> 1. SECU Application Forms 2. Con. Ed. Registration Form 3. SECU Scholarship Authorization Form to be completed by CE staff person who assisted student. 4. Forward all forms listed above to Carla Dunston for signature. Carla will forward forms to Application Committee. 6. SECU Scholarship Coordinator will notify student of approval/denial. 8. SECU Scholarship Coordinator will mail/email an Award Letter to the student. 9. Make copy of Authorization Form and registration form for the class file. 10. Date Authorization Form sent to the Business Office. 11. Date registered in Colleague
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2023-2024 Scholarship Requirements

TO BE CONSIDERED FOR THE SECU SCHOLARSHIP THE APPLICANT IS REQUIRED TO:

Provide proof of U.S. citizenship: a copy of Social Security Card or certified birth certificate.

Provide proof of N.C. residency: a copy of valid NC Driver's License, or a picture ID and/or provide other proof of residency.

Submit scholarship application & all required documentation by: _____

APPLICANT IS ALSO REQUIRED TO BE IN ONE OF THE FOLLOWING TARGET GROUPS:

Preference will be given to students with limited or no access to financial aid from other programs.

_____ Unemployment insurance claimant

_____ Unemployed & underemployed adult (Underemployed is defined as individuals earning 200% below the federal poverty level (see table on the application)

_____ Military veteran and/or spouse (provide DD214 or DD2)

_____ Member of the NC National Guard. (provide verification from Unit Commander)



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Continuing Education / SECU Foundation
2023-2024 Scholarship Application

Personal Information:

Full Name: _____ Training Program of Interest: _____

Student I.D. Number: _____ Email Address: _____

Home Address: _____

City, State, Zip Code: _____

NC County of Residence: _____ Date of Birth: _____

Gender: • Male • Female Ethnic: • Hispanic/Latino • Non-Hispanic/Latino

Race: • American/Alaska Native • Asian • Black/African American • Hawaiian/Pacific Islander • White

Cell Phone: _____ Other Contact Number: _____

Employment / Criteria Information: Check all that apply and provide requested documentation:

_____ Full Time Employment _____ Part Time Employment

_____ Unemployed Insurance Claimant (provide a printout of unemployment)

_____ Unemployed. Last date of employment? _____

_____ Underemployed: Individuals earning less than 200% of federal poverty level. (see table on next page)

_____ Military Veteran or spouse (provide DD214 or DD2)

_____ Member of NC National Guard (provide verification from Unit Commander)

_____ Are you receiving any other educational financial assistance? What kind? _____

_____ Are you a Director, employee or family member of SECU employee or SECU Foundation?

Use of Funds:

_____ Tuition _____ Childcare _____ Transportation _____ Books _____ Fees/Supplies _____ Credentialing Exam

Use of childcare funds statement: If selected for the SECU Scholarship, I certify that scholarship funds designated for childcare will be used exclusively while I am attending class in order to fulfill my educational requirements.

Applicant's Signature

Date

Use of transportation funds statement: If selected for the SECU Scholarship, I certify that scholarship funds designated for transportation will be used exclusively for the purpose of supporting my travel to and from the Nash Community College Continuing Education class.



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Applicant's Signature _____

Date _____

Full Name: _____ **Training Program of Interest:** _____

Recipient Permission of Release: If selected for the SECU Scholarship I consent to the release of my name and image for publications written/distributed by the NC Community College System Office, Nash Community College, and/or the State Employees' Credit Union and its Foundation.

Applicant's Signature _____

Date _____

Recipient Follow-Up Requirements: If selected for the SECU Scholarship I agree to the following at the completion of my training program:

1. Provide information regarding employment to the Nash Community College SECU Scholarship Coordinator.
2. Submit a short statement describing how the scholarship assisted with your training and/or employment goals.
3. Attend Nash Community College's Student Recognition Ceremony (April) to show appreciation to SECU Foundation.

Applicant's Signature _____

Date _____

200% of the Federal Poverty Guidelines Table:

Check the Family Unit That Applies	Family Unit	200% of Poverty Guidelines
	1	\$ 25,760
	2	\$ 34,840
	3	\$ 43,920
	4	\$ 53,000
	5	\$ 62,080
	6	\$71,160
	7	\$80,240
	8	\$89,320

I have read and understand the requirements for the SECU scholarship. I hereby declare that the information provided on this application is complete and accurate to the best of my knowledge.

Applicant's Signature _____

Date _____



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Full Name: _____ Training Program of Interest: _____

Scholarship Applicant Bio Statement: Please write a brief statement about *why* you are applying for the SECU scholarship, *how* you will use it, and *what* impact this scholarship will have for you. Also, tell us about your career goals. If you have extenuating circumstances that you want to share, please include that here.

2023-2024 Student Data & Consent Form

Name of Community College: _____

Full Name of Scholarship Recipient					
Address		Phone		E-Mail	
Target Group Affiliation (Check all that apply)					Gender
<input type="checkbox"/>	Unemployed / Underemployed* Adult	<input type="checkbox"/>	NC National Guard Member	<input type="checkbox"/>	Military Veteran or Spouse
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Underserved Populations: Specific Workforce Sector or Area
					<input type="checkbox"/> Female
					<input type="checkbox"/> Male
					<input type="checkbox"/> Prefer not to disclose
Current Employment Status		Ethnicity			
<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	African American	<input type="checkbox"/>	Hawaiian/Pacific Islander
<input type="checkbox"/>	Underemployed*	<input type="checkbox"/>	American/Alaskan Native	<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Employed Full-Time	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Non-Hispanic/Latino
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	White/Caucasian

* Underemployed is defined as individuals earning within 200% of the federal poverty level guidelines or below.

Award Information

Award Date	Scholarship Eligible Course	Associated Credential(s)
How would you have funded the course(s) if you had not received the scholarship?		
Do you plan to enroll in further training?		
If yes, what future training do you plan to seek?		

*College should see SECU Foundation Bridge to Career Program Guidelines for course eligibility requirements.

Please attach the following documents:

- Student Biographical Statement – Should briefly detail the student’s need for the scholarship and how it will help with their educational and vocational goals.
- Scholarship Photo Release Form

Student Consent

As a condition of the award, I give my consent to the release of my name, biographical statement, and image for publications written/distributed by the System Office, the local Community College, and/or the State Employees’ Credit Union and the SECU Foundation. As condition of this award, it is my responsibility to notify the College of licensure, certification and/or job obtainment because of participation in this program. I further consent to be contacted after completion of my coursework to determine if my participation in the program assisted me in gaining certification and/or employment. I attest I am not a director, employee, or family member of an employee or director of the State Employees’ Credit Union or SECU Foundation.

Student Signature: _____

**2023-2024 Student Data
& Consent Form**

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	Name	Phone	E-Mail
College Scholarship Coordinator:			

**RELEASE FOR USE OF NAME, IMAGE, LIKENESS, PHOTOGRAPHS, DRAWINGS, SKETCHES,
PLANS, WORK PRODUCT, VIDEO, AUDIO RECORDINGS, AND/OR QUOTES**

I hereby grant permission to State Employees' Credit Union ("SECU"), its affiliates, and The State Employees' Credit Union Foundation, together referred to herein as the "Released Parties," to use the following information of student identified below: name, image, likeness, photographs, school enrollment information, scholarship receipt status, SECU membership status, drawings, sketches, plans, work product, video, audio recordings, and/or quotes for their communications, including but not limited to newsletters, flyers, posters, brochures, advertisements, fundraising letters, press releases and submissions to journalists, websites, social media platforms, and other print and digital communications without payment or other consideration. I acknowledge the Released Parties' right to crop, edit or otherwise treat the name, image, likeness, photographs, drawings, sketches, plans, work product, video, audio recordings, and/or quotes at their discretion. Further, if the student is a member of SECU, and/or has obtained products or services from SECU or any of its affiliates, I grant permission to the Released Parties to use information about the student's membership, and/or prior awards the student has obtained in their communications.

I also acknowledge that the Released Parties may choose not to use the student's name, image, likeness, photographs, drawings, sketches, plans, work product, video, audio recordings, quotes, and/or (if applicable) information related to the student's membership, and/or prior awards at this time but may choose to do so at a later date at their discretion.

I hereby release, waive, remit, acquit, satisfy, forever discharge and agree to hold harmless the Released Parties and their respective past, present, and future directors, officers (whether acting in such capacity or individually), members, shareholders, owners, servants, partners, joint venturers, principals, trustees, creditors, attorneys, insurers, representatives, employees, independent contractors, managers, parents, subsidiaries, divisions, subdivisions, departments, affiliates, predecessors, successors, assigns and assignees, transferors, transferees, investors, nominees, and any agent acting or purporting to act for them or on their behalf from any and all claims, demands, damages, debts, liabilities, obligations, contracts, agreements, causes of action, suits, and costs, of whatever nature, character, or description, whether known or unknown, suspected or unsuspected, anticipated or unanticipated, which I may have or may hereafter have or claim to have against the Released Parties arising out of or relating in any way to the use of the student's name, image, likeness, photographs, drawings, sketches, plans, work product, video, audio recordings, quotes, and/or information related to the student's membership, and/or prior awards.

I have had sufficient time to review and seek explanation of the provisions contained above, I have carefully read and understand them, and I agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release.

Student Name: _____

Student Signature: _____

Date: _____

If student is less than 18 years of age:

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent in all respects to the terms and conditions of this Publicity Waiver and Release and agree that both the minor and I shall be bound by all of its terms and conditions.

Name of Parent/Guardian (if student under 18): _____

Signature of Parent/Guardian (if student under 18): _____

Date: _____