



Continuing Education / SECU Foundation
2020-2021 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
Books Transportation
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.

Applicant's Signature

Date

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	\$25,520
	2	\$34,480
	3	\$43,440
	4	\$52,400
	5	\$61,360
	6	\$70,320
	7	\$79,280
	8	\$88,240

For each additional person, add \$8,960.

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

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.

2020-21 Cohort Student Data & Consent Form

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
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"/>	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 Bio – Should detail the student’s need for the scholarship and how it will help with their educational and vocational goals.
- Student Photo

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 its 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 an employee, Board Member, or family member of the State Employees’ Credit Union or SECU Foundation.

Student Signature: _____

College	Name	Phone	E-Mail
Scholarship Coordinator:			