

SECU Foundation

PEOPLE HELPING PEOPLE

Two-Year Scholarship Program For NC Community Colleges 2024 Eligibility Criteria

Recipients must receive a copy of these requirements

SECU Foundation established this **two-year scholarship program** to assist North Carolina Community College System (NCCCS) students in achieving academic success. The members of State Employees' Credit Union (SECU) take an active role in assisting organizations and communities across North Carolina and truly believe in "People Helping People!"

There are 116 scholarships valued at up to \$5,000 each. Each North Carolina Community College will receive two (2) scholarships each academic year. These scholarships are distributed semi-annually in two payments: fall semester, \$1,250 per student; and spring semester, \$1,250 per student for a maximum of four (4) consecutive semesters.

Recipients are selected by the Scholarship Selection Committee. The following criteria must be used to award the SECU Foundation *People Helping People* scholarships and have been designed to give the committee maximum flexibility in bestowing the scholarship.

The Scholarship Selection Committee at the community college will recognize the individual most deserving of an opportunity to attend college. A completed Student Data Form is required. The committee will consider students who best exemplify the membership philosophy of the Credit Union, "People Helping People", and have demonstrated leadership, excellence of character, integrity, and community involvement. The recipient will be selected without regard to race, sex, color, creed, religious preference, age, national origin or disability.

Preference will be given to students whose parents or guardians and family members are public sector employees (state, local or federal government; public health; public education) who live and work in North Carolina. Information for the scholarship is available through the financial aid office. Scholarship Selection Committee will use the following criteria to award the scholarship to a recipient who:

1. Is an applicant or full-time student who is a high school graduate or has completed the General Education Development (GED) program, enrolled in an associate degree, diploma, or certificate program.
2. Is a resident of North Carolina under NCGS 116-143.1 and is eligible for in-state tuition.
3. Applicant must not have previously been awarded the SECU 2-year People Helping People scholarship. Each year recipients selected must be new recipients of the scholarship.
4. Best exemplifies the membership philosophy of credit unions, "People Helping People" and has demonstrated leadership, excellence of character, integrity, and community involvement.

5. Demonstrates financial need using the Free Application for Federal Student Aid (FAFSA). Preference may be given to students with limited financial aid from other programs.
6. Demonstrates scholastic achievement and maintains a 2.5 or higher-grade point average on a 4.0 scale or attained a score of 3,000 on the GED test.
7. Uses the scholarship to pay for full-time student tuition, books, fees, course supplies, and transportation.
8. Agrees to continue at the community college where enrolled at the time of the scholarship award for the duration of the scholarship, for four consecutive fall/spring semesters or upon completion of a diploma program. Scholarships are not transferable to another student or another school.
9. Is not a director, employee, or family member of a director or employee of SECU or the SECU Foundation, or a family member of a member of the scholarship selection committee. ***For the purpose of this scholarship program and a student's relation to a director, employee, or selection committee member, family member includes spouse, parents, siblings, children, grandchildren and great-grandchildren, and spouses of children, grandchildren and great-grandchildren, of a selection committee member, employee or director of SECU, or employee or director of SECU Foundation. Also, for the purpose of this scholarship program and a student's relation to a director, employee, or selection committee member, family member also includes persons living in the same residence and maintaining a single economic unit as a selection committee member, employee or director of SECU, or employee or director of SECU Foundation.***

The Decision of the Scholarship Selection Committee will be final
if all requirements have been met.

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Two-Year Scholarship Program for NC Community Colleges Student Data Form

Please complete all information on this form

| Student Data Form Personal Information | | |
|--|-------------------------|---------------------|
| Recipient First Name | Recipient Middle Name | Recipient Last Name |
| Student ID# | | |
| Home Street Address/Mailing Address | | |
| City | State | Zip Code |
| | NC | |
| Telephone # (Include Area Code) | | |
| Gender: | | |
| Choose an item | | |
| Race/Ethnicity: | | |
| Choose an item | | |
| GPA - Weighted | | |
| GPA - Unweighted | | |
| Permanent E-mail | | |
| Has the student submitted their FAFSA? | | Choose an item |
| Demonstrated Financial Need? | | Choose an item |
| If parent/ guardian works in the public sector field, which area? | | |
| Is the student a first-generation college student? | | Choose an item |
| How many of the student's family members are currently in college? | | Choose an item |
| Community College Information | | |
| Name of Community College | | |
| Address | | |
| State | | Zip Code |
| NC | | |
| Degree Program | | |
| Community College President | | |
| Community College President's E-mail | | |
| Financial Aid Director | | |
| Financial Aid Director's Email | | |
| Date of Awards Ceremony | Time of Awards Ceremony | |
| Location of Awards Ceremony | | |

Student Community Involvement Short Answer Questions (1-3) – Located on 2nd page of Student Data Form

Please Note: Student data sheet must be returned as a Word document only.

All documents must be submitted electronically to secufoundation@ncsecu.org:

- Signed Consent Form (Signed by Recipient and Parent/Guardian if Recipient is under 18)
- Brief Statement from Selection Committee on school letterhead which must be signed by all members of the Committee to verify Recipient. Please note, Selection Committee must have three or more members.

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Name: _____

Date: _____

Address: _____

Last Four of SS#: _____

Telephone: _____

Describe in a few sentences how you best exemplify the membership philosophy of the Credit Union "People helping People". You can refer to as #4 on the next page.

On the next page of the scholarship, put a check in each box to verify you meet each requirement. If you are chosen, you will be required to write a biography about yourself and submit a picture that will be sent to the SECU Foundation. If you meet all requirements, sign and date this application and return to the Financial Aid Office **no later than July 22 2024**. **A clear photo is also required.**

Signature: _____

Date: _____

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2024 People Helping People Scholarship Consent Form

Please return this completed and signed form with other requested documents to your financial aid office.

RELEASE FOR USE OF NAME, MEMBERSHIP STATUS, 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 the 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.

EDUCATIONAL RECORDS RELEASE:

I authorize the Released Parties to contact my education institution to obtain educational data related to the following: enrollment status, GPA, classification, major, and post-graduation employment information (if available).

ELIGIBILITY:

I acknowledge the SECU *People Helping People* Scholarship is *not* transferable from one community college to another.

I have received or reviewed a copy of the Eligibility Criteria (available on the SECU Foundation website at www.ncsecufoundation.org) and confirm that the student listed below meets all Eligibility Criteria.

The student listed below is not a director, employee, or family member of a director or employee of SECU or the SECU Foundation, or a family member of a member of the scholarship selection committee. *For the purpose of this scholarship program and a student's relation to a director, employee, or selection committee member, family member includes spouse, parents, siblings, children, grandchildren and great-grandchildren, and spouses of children, grandchildren and great-grandchildren, of a selection committee member, employee or director of SECU, or employee or director of SECU Foundation. Also, for the purpose of this scholarship program and a student's relation to a director, employee, or selection committee member, family member also includes persons living in the same residence and maintaining a single economic unit as a selection committee member, employee or director of SECU, or employee or director of SECU Foundation.*

I attest that, at the time of application for the scholarship, the student identified below is a member of SECU or eligible for membership through a parent or guardian who is an SECU member. I authorize Released Parties to verify SECU membership. I have received or reviewed a copy of the Eligibility Criteria (available on the SECU Foundation website at www.ncsecufoundation.org) and confirm that the student listed below meets all Eligibility Criteria.

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: _____