



State Employees' Credit Union\*



SECU Foundation

PEOPLE HELPING PEOPLE



Personal Information:

Full Name:

Social Security Number:

Home Address:

City, State, Zip Code:

E-mail address:

Phone Number:

Alternate Number:

NC County of Residence:

Are you a Director of a State Employees Credit Union, immediate family of an employee of the SECU or employed by SECU?

Yes If yes, you are ineligible to apply

No

To help determine eligibility, please answer the following questions:

Are you a US Citizen and a North Carolina Resident Yes No

Are you a member of the NC National Guard, a Veteran or spouse of a Veteran Yes No

Are you enrolled in a short term training program of 96 hours or more that leads to a state-regulated or industry recognized credential and offered through Continuing Education

Yes No

Name of Occupational Continuing Education Course you are enrolled in:

Will your program be completed by August 31, 2022 Yes No

Do you have limited or no access to financial aid from other sources Yes No

Are you employed or underemployed (not having enough paid work or not doing work that makes full use of your skills and abilities):

Yes No

Are you in an underserved population in a specific workforce sector or area Yes No

**Please return applications to Tabitha Buff by email at  
tmbuff54@go.mcdowelltech.edu**



## SECU Scholarship Application Addendum

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Name:

How many adults (18 and over) live in your household:

How many individuals TOTAL live in the household:

What is the total gross income for all working adults in the household:

Where do you work:

How often do you get paid:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# 2021-22 WDS 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"/>	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"/>	Non-Hispanic/Latino		
<input type="checkbox"/>	Underemployed*	<input type="checkbox"/>	American/Alaskan Native	<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	White/Caucasian		
<input type="checkbox"/>	Employed Full-Time	<input type="checkbox"/>	Asian						

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

### Award Information

Award Date	Current Training Program/Pathway	Associated Credential(s)
<b>Do you plan to enroll in further training?</b>		
<b>If yes, what future training do you plan to seek?</b>		

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 the SECU Foundation. As condition of this award, it is my responsibility to notify the College of licensure, certification and/or job obtainment as a result of participation in this training 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:** \_\_\_\_\_

	Name	Phone	E-Mail
College Scholarship Coordinator:			