



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, 2024 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**

2023-2024 Student Data & Consent Form

Name of Community College: McDowell Technical 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"/>	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"/>	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	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: _____

College Scholarship Coordinator:	Name	Phone	E-Mail



SECU Scholarship Application Addendum

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: _____

**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: _____