

SECU Foundation

PEOPLE HELPING PEOPLE

Deadline: June 30, 2024

Any incomplete application will not be considered.

SECU Foundation “People Helping People” Scholarship the amount of \$5,000 is payable at \$1,250 per semester, for up to four consecutive fall/spring semesters.

1. Must be a newly enrolled, first-time, fulltime student who is enrolled in an associate degree, diploma or certificate program.
2. Must complete the Free Application for Federal Student Aid (FAFSA) and show evidence of need.
3. Must demonstrate scholastic achievement and maintain a 2.5 or higher grade point average (GPA) or attained a score of 3,000 or higher on the GED test.
4. Must use the scholarship to for pay tuition, books, fees, course supplies and transportation.
5. Must be a U.S. citizen and resident of North Carolina and be eligible for in-state tuition.
6. Preference may be given to students with limited financial aid from other programs.
7. May not be a Director, employee member, or family member of an employee of the State Employees’ Credit Union or the SECU Foundation.
8. Include a 4x6 current professional photo. If you are not selected, your photo will be return to you.

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ESSAY QUESTION:

Type a minimum of 500-word essay. Answer these following questions in your essay. (1) Identify the community college you will be attending as well as your career goals upon graduation. (2) Why do you think you would be selected for the scholarship? (3) Details could consist of community service/involvement, school and extracurricular activities, including part-time job experience, future plans, etc. Share your thoughts on the impact this scholarship will have regarding our educational goals. Review your bio for typographical or formatting errors and make any necessary corrections.

PERSONAL INFORMATION (Please Print):

Full Name: _____

Address: _____

City / State / Zip: _____

E-mail: _____

Phone: _____ WCC ID: _____

Race / Ethnicity: _____

U.S. Citizen: Yes No

North Carolina Resident: Yes No

EDUCATION INFORMATION:

High School last attended: _____

Graduation date: _____

High School diploma GED GPA – Weighted _____ GPA -Unweighted _____

Program of study at WCC: _____ Expected graduation date: _____

Completed FAFSA Yes No, if yes which academic year 2023-2024 2024-2025

OTHER INFORMATION:

If parents/guardian works for State or Federal government, which area? _____

All selected recipients may be required to write a personal thank you note to the donor or agency.

DISCLAIMER: WCC and or the donor may use photographs, slides, videos or illustrations of students in newsletters and or publications produced by the College, slide presentations, videos and or web sites about the scholarships by the news media, in WCC news coverage, in video productions aired on television produced by WCC and in other similar forms of communication. Local media (TV, newspaper, radio stations) frequently want to interview students to add a personal touch to stories. Students' comments may be used in newspapers or broadcast on radio or TV.

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: _____