



State Employees Credit Union
Bridge to Career Scholarship' Rt qi t co
Student Application
201; -2042

Instructions: Please complete and return the application to the SECU Bridge to Career Scholarship Program Coordinator by the deadline: Fall and Spring Courses – Ugtgo ber 42, 201; .

Personal Information:

Full Name: \_\_\_\_\_
First Middle Last

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Gender (Place an X beside your gender): Male \_\_\_\_\_ Female \_\_\_\_\_

NC County of Residence: \_\_\_\_\_

I qualify for this scholarship under the following criteria: (Please check all that apply.)

- I am an unemployed insurance claimant. (Please provide a printout of unemployment.)
I am currently unemployed. (If possible, please provide a printout of your last W2 and/or unemployment letter or verification document).
I am a military veteran. (Please verify with a DD214 or DD2 form.)
I am a member of the National Guard. (Please provide verification from your unit commander).
I am underemployed. (Underemployed is defined as individuals earning 200% of the Federal Poverty Guidelines.) Please verify with a W2 or most recent 1040 tax return and/or last two pay stubs.
I am a military spouse. (Please verify with your military spouse card).
I am a U.S. citizen and a North Carolina resident.
I am a member of an underserved population in a specific workforce sector or area.

If you are qualifying under the criteria “working and earning wages at or below 200% of the federal poverty guidelines,” please indicate the number of dependents living in your household that you are responsible for and their ages:

\_\_\_\_\_ Number of dependents Ages: \_\_\_\_\_

As a condition of receiving tuition assistance from the State Employees' Credit Union Bridge to Career Scholarship Program, recipients must submit to the Program Coordinator a short statement during and/or at the completion of the program describing how the program has impacted their training and/or employment goals. Will you comply with this condition? \_\_\_\_\_ Yes \_\_\_\_\_ No

If selected as a recipient, you must consent to the release of your name and image for publications written and/or distributed by the System Office, the local community college, and/or the State Employees' Credit Union and its Foundation. Recipients must attend a photo session scheduled by the SECU coordinator to have a professional picture taken for reporting and marketing purposes. Will you comply? \_\_\_\_\_ Yes \_\_\_\_\_ No

**NOTE: You must include a one-page typed bio that explains your need for the scholarship.**

**Educational Information:**

Are you enrolled in a course leading to a state-regulated or industry recognized credential? \_\_\_ Yes \_\_\_ No  
If yes, write the name of your course and provide a copy of your processed registration form.

\_\_\_\_\_

Which credentialing course are you planning to pursue with the SECU Foundation Scholarship?

\_\_\_\_\_

When does the course begin? Date \_\_\_\_\_ Semester \_\_\_\_\_

**NOTE: Each scholarship recipient must provide the SECU Scholarship Coordinator an official copy of the results of your credentialing exam for reporting purposes.**

**Important:** Are you a Director, employee or family member of the State Employees' Credit Union or SECU Foundation? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Use of Funds: (Please check all that apply.)**

\_\_\_ Fees \_\_\_ Books \_\_\_ Supplies \_\_\_ Credentialing Exam \_\_\_ Childcare  
\_\_\_ Transportation \_\_\_ Living Expenses

I have read and understand the requirements for assistance. I hereby declare that the information provided on this application is correct to the best of my knowledge.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

**Please return the completed application to the college's SECU Bridge to Career Scholarship Program Coordinator, Maxine Cooper, at Wayne Community College, Workforce Continuing Education Services, Post Office Box 8002, Goldsboro, NC 275338002 or you may leave it with the Workforce Continuing Education Services registration attendant located downstairs in the Walnut Building, East Entrance. You may call (919)739-6938 or e-mail [mcooper@waynecc.edu](mailto:mcooper@waynecc.edu) for more information.**