





SECU Foundation Workforce Continuing Education Scholarship Program Student Application 2017-2018

Instructions: Please complete and return the application to the SECU Foundation Scholarship Program Coordinator by the deadline: Fall Courses – September 15, 2017 and Spring Courses – October 16, 2017.

Personal Information:

Full Nar	me:		
	First	Middle	Last
Address	:		
City, Sta	ate, Zip Code:		
E-Mail A	Address:		
Home P	hone Number:	Mobile Nu	ımber:
Gender ((Place an X beside your gender):	Male Female	-
NC Cou	nty of Residence:		
<u>I</u> qualify	for this scholarship under the fol	lowing criteria: (Please check all that	t apply.)
-	I am currently unemploy unemployment letter or verificated I am a military veteran. I am a member of the National I am underemployed. (Use Poverty Guidelines.) Please verificated I am a military spouse. (I am a U.S. citizen and a re qualifying under the criteria "we	Please verify with a DD214 or DD2 ational Guard. (Please provide verifice inderemployed is defined as individually with a W2 or most recent 1040 tax Please verify with your military spour North Carolina resident. Torking and earning wages at or below	form.) cation from your unit commander.) cals earning 200% of the Federal creturn and/or last two pay stubs. use card.)
guidelin ages:	es," please indicate the number of	f dependents living in your household	d that you are responsible for and their
	Number of dependents Ag	es:	
Program complet	n, scholarship recipients must sub	nce from the State Employees' Credimit to the Program Coordinator a show the program has impacted their trainary. Yes No	ort statement during and/or at the

If selected as a recipient, you must consent to the release of your name and image for publicat distributed by the System Office, the local community college, and/or the State Employees' C	Credit Union and its
Foundation. Recipients must attend a photo session scheduled by the SECU coordinator to lead to picture taken for reporting and marketing purposes. Will you comply? Yes	_
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? If yes, write the name of your course and provide a copy of your processed registration form.	Yes No
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 a copy of credentialing exam for reporting purposes.	f the results of your
Important: Are you a Director, employee or family member of the State Employees' Credit Un Foundation? Yes No	ion or SECU
<u>Use of Funds:</u> (Please check all that apply.)	
FeesBooksSuppliesCredentialing ExamChildcareTransportationLiving Expenses	
I have read and understand the requirements for assistance. I hereby declare that the information application is correct to the best of my knowledge.	n provided on this
Applicant's Signature Dat	re

Please return the completed application to the college's SECU Coordinator, Maxine Cooper, at Wayne Community College, Workforce Continuing Education Services, Post Office Box 8002, Goldsboro, NC 27533-8002 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 for more information.