

**SECU Continuing Education Scholarship Program
Application**

Student Information

| | | | |
|--|---------------|--|----------------|
| Last Name | First Name | MI | Last 4 of ss# |
| Address | | City | State Zip |
| Date of Birth | _____M _____F | (____) _____ | (____) _____ |
| | | Phone | Cell |
| Are you a United States Citizen or a Certified Visiting Student? | | _____Yes | _____No |
| Are you a resident of North Carolina? | | _____Yes | _____No |
| | | (Please provide copy of NCDL or state issued photo ID) | |
| In which county do you reside? _____ | | | |

Program of Study

| | |
|--------------------|-------------------|
| Course Name | _____ /20 |
| \$ _____ | Term/Year |
| Registration Fees | \$ _____ |
| \$ _____ | Supplies |
| Uniforms | \$ _____ |
| \$ _____ | Other required by |
| \$ _____ | Program (specify) |
| Total Program Cost | |

Brief Biographical Statement (REQUIRED)

On separate sheet of paper please write a short essay (150-200 words), about yourself that includes comments on your chosen program of study, statements regarding how this scholarship will benefit your education, and any special circumstances you think are important. The SECU Foundation requires this essay for possible publication by Systems Office, local Community College, and/or the State Employee's Credit Union and its Foundation. You must type or print *clearly* in black ink.

Student Eligibility Requirements:

Students must:

- be U.S. citizens residing in North Carolina
- be enrolled or enrolling in a short-term training program that leads to a state-regulated or industry recognized credential that is offered through the Continuing Education Department.
- Be in one of the following target groups:
Check any that apply and provide appropriate documentation
 - ___ Unemployment Insurance Claimant (provide a printout of benefits received)
 - ___ Unemployed
 - ___ Underemployed – individuals earning 200% below the federal poverty level (provide most recent 1040 tax return form)
 - ___ Military Veteran or Spouse of Veteran– (provide DD214 or DD2)
 - ___ Member of NC National Guard (Verification from Unit Commander)

Scholarship recipients may not be a Director, employee, or family member of an employee of the State Employee's Credit Union or SECU Foundation.

Preference will be given to students with little or no access to financial aid from other programs.

Signature

By signing this application, you certify that all of the information reported is complete and correct.

Student Name (Printed)

Student Signature

Date