

2024

# SECU Foundation

PEOPLE HELPING PEOPLE

## Two-Year Scholarship Program for NC Community Colleges Student Data Form

Please complete **all information** on this form

Student Data Form Personal Information		
Recipient First Name	Recipient Middle Name	Recipient Last Name
Student ID#		
Home Street Address/ Mailing Address		
City	State	Zip Code
	NC	
Telephone # (Include Area Code)		
Gender:		
Choose an item		
Race/Ethnicity:		
Choose an item		
GPA - Weighted		
GPA - Unweighted		
Permanent E-mail		
Has the student submitted their FAFSA?		Choose an item
Demonstrated Financial Need?		Choose an item
If parent/ guardian works in the public sector field, which area?		
Is the student a first-generation college student?		Choose an item
How many of the student's family members are currently in college?		Choose an item
Community College Information		
Name of Community College		
Address		
State		Zip Code
NC		
Degree Program		
Community College President		
Community College President's E-mail		
Financial Aid Director		
Financial Aid Director's Email		
Date of Awards Ceremony	Time of Awards Ceremony	
Location of Awards Ceremony		

*Student Community Involvement Short Answer Questions (1-3) – Located on 2<sup>nd</sup> page of Student Data Form*

**Please Note: Student data sheet must be returned as a Word document only.**

All documents must be submitted electronically to [secufoundation@ncsecu.org](mailto:secufoundation@ncsecu.org):

- Signed Consent Form (*Signed by Recipient and Parent/Guardian if Recipient is under 18*)
- Brief Statement from Selection Committee on school letterhead which must be signed by all members of the Committee to verify Recipient. Please note, Selection Committee must have three or more members.

## SHORT ANSWER QUESTIONS

The purpose of the “People Helping People” Scholarship is to recognize leadership, integrity, and community involvement in addition to academic achievement.

*Use the blank fields on this page to complete your short answer responses to the following three questions.*

1. Discuss a leadership experience you have had in any area of your life: School, work, athletics, family, church, community, etc.

2. Aside from your college degree, what do you hope to gain from your college experience?

3. How have you contributed to your community (community projects, mission work, or volunteerism)?

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PEOPLE HELPING PEOPLE®

## **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](http://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](http://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:** \_\_\_\_\_