2026-2027 Student Data & Consent Form

SECU Foundation
PEOPLE HELPING PEOPLE®

NC COMMUNITY COLLEGES
CREATING SUCCESS

Name of Community College: _____

Full Name of Scholarship Recipient		
Address	**Phone**	**E-Mail**

Target Group Affiliation (Check all that apply)								Gender	
☐	Unemployed / Underemployed* Adult	☐	NC National Guard Member	☐	Military Veteran or Spouse	☐	Underserved Populations: Specific Workforce Sector or Area	☐	Female
								☐	Male
								☐	Prefer not to disclose

High School Completion	☐ High School Diploma	☐ HSE (High School Equivalency)	☐ None

Current Employment Status		Ethnicity					
☐	Unemployed	☐	African American	☐	Hawaiian/Pacific Islander	☐	Non-Hispanic/Latino
☐	Underemployed*	☐	American/Alaskan Native	☐	Hispanic/Latino	☐	White/Caucasian
☐	Employed Full-Time	☐	Asian	☐	Other/Prefer not to disclose		

* Underemployed is defined as individuals earning within 200% of the federal poverty level guidelines or below.

Award Information

Award Date	Scholarship Eligible Course	Associated Credential(s)

How would you have funded the course(s) if you had not received the scholarship?	
Do you plan to enroll in further training?	
If yes, what future training do you plan to seek?	

**College should see SECU Foundation Bridge to Career Program Guidelines for course eligibility requirements.*

Please attach the following documents:

- Student Biographical Statement – Should briefly detail the student's need for the scholarship and how it will help with their educational and vocational goals
- Scholarship Photo Release Form

Student Consent

As a condition of the award, I give my consent to the release of my name, biographical statement, and image for publications written/distributed by the System Office, the local Community College, and/or the State Employees' Credit Union and the SECU Foundation. As condition of this award, it is my responsibility to notify the College of licensure, certification and/or job obtainment because of participation in this program. I further consent to be contacted after completion of my coursework to determine if my participation in the program assisted me in gaining certification and/or employment. I attest I am not a director, employee, or family member of an employee or director of the State Employees' Credit Union or SECU Foundation.

Student Signature: _____

	Name	Phone	E-Mail
College Scholarship Coordinator:			

RELEASE FOR USE OF NAME, 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 student identified below: name, image, likeness, photographs, school enrollment information, scholarship receipt 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.

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.

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: _____