

# 2024-25 Student Data & Consent Form

Name of Community College: Haywood Community College

Full Name of Scholarship Recipient									
Address		Phone		E-Mail					
Target Group Affiliation (Check all that apply)							Gender		
<input type="checkbox"/>	Unemployed / Underemployed* Adult	<input type="checkbox"/>	NC National Guard Member	<input type="checkbox"/>	Military Veteran or Spouse	<input type="checkbox"/>	Underserved Populations: Specific Workforce Sector or Area	<input type="checkbox"/>	Female
								<input type="checkbox"/>	Male
								<input type="checkbox"/>	Prefer not to disclose
Current Employment Status		Ethnicity							
<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	African American	<input type="checkbox"/>	Hawaiian/Pacific Islander	<input type="checkbox"/>	Non-Hispanic/Latino		
<input type="checkbox"/>	Underemployed*	<input type="checkbox"/>	American/Alaskan Native	<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	White/Caucasian		
<input type="checkbox"/>	Employed Full-Time	<input type="checkbox"/>	Asian						

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

\*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: \_\_\_\_\_

College	Name	Phone	E-Mail
Scholarship Coordinator:			