

**2024-2025 Student Data & Consent Form - WCE**



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"/>	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	<input type="checkbox"/>	Other/Prefer not to disclose		

**Name of Community College:** \_\_\_\_\_

\* 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 a 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	Email
College Scholarship Coordinator:			