

# 2020-21 Cohort Student Data & Consent Form

**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	
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 Bio – Should detail the student’s need for the scholarship and how it will help with their educational and vocational goals.
- Student Photo

## 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 its 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 an employee, Board Member, or family member of the State Employees’ Credit Union or SECU Foundation.*

**Student Signature:** \_\_\_\_\_

College Scholarship Coordinator:	Name	Phone	E-Mail