

**SECU Bridge to Career Pilot Program Application**

**Student Information**

_____		_____	_____	
Last Name	First Name	MI	Last 4 of ss#	
_____			_____	_____
Address		City	State	Zip
_____	_____M_____F	(____)_____	(____)_____	_____
Date of Birth		Phone	Cell	
Are you a United States Citizen or a Certified Visiting Student?		_____Yes	_____No	
Are you a resident of North Carolina?		_____Yes	_____No	
		<small>(Please provide copy of NCDL or state issued photo ID)</small>		
In which county do you reside? _____				

**Program of Study**

_____		_____ /20
Course Name		Term/Year
\$ _____	\$ _____	\$ _____
Registration Fees	Book Cost	Supplies
\$ _____	\$ _____	\$ _____
Uniforms	Certification/Testing Fee	Other required by Program (specify)
\$ _____		
Total Program Cost		

**Brief Biographical Statement (REQUIRED)**

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On separate sheet of paper please write a short essay (150-200 words), about yourself that includes comments on your chosen program of study, statements regarding how this scholarship will benefit your education, and any special circumstances you think are important. The SECU Foundation requires this essay for possible publication by Systems Office, local Community College, and/or the State Employee's Credit Union and its Foundation. You must type or print *clearly* in black ink.

**Student Eligibility Requirements:**

Students must:

- be U.S. citizens residing in North Carolina
- be enrolling in Registered Medical Assistant, Phlebotomy, HVAC Level 1,2, or 3, or CDL programs.
- Be in one of the following target groups:  
*Check any that apply and provide appropriate documentation*  
 Unemployment Insurance Claimant (provide a printout of benefits received)  
 Unemployed  
 Underemployed – individuals earning 200% below the federal poverty level (provide most recent 1040 tax return form)  
 Military Veteran or Spouse of Veteran– (provide DD214 or DD2)  
 Member of NC National Guard (Verification from Unit Commander)

**Scholarship recipients may not be a Director, employee, or family member of an employee of the State Employee's Credit Union or SECU Foundation.**

**Preference will be given to students with little or no access to financial aid from other programs.**

**Signature**

By signing this application, you certify that all of the information reported is complete and correct.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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