

2023-2024

SECU Bridge to Career Cohort Scholarship Application

Section 1 *Incomplete Applications Will Not Be Accepted*

1) SSN: _____		2) Name: First _____ Maiden/Middle _____ Last _____	
3) Mailing Address _____			
4) Telephone: Home _____		Work/Cell _____	5) Email Address _____
		6) Date of Birth: _____	
7) Sampson County Resident Yes No		8) Are you a U.S. Citizen Yes No	
9) Career Readiness Certification Yes No		Date of Completion _____	
10) Active Duty Military (National Guard) or Dependent Yes No			
11) From what type of school program did you graduate?		High School GED Adult High School	
12) Name of High School, GED or Adult High School _____		13) What month/year did you graduate from High School, GED or Adult High School? _____	
14) *What short-term training program that he / she plans to enroll via Continuing Education? _____			
*To be considered for this scholarship program a student must be enrolled in a short-term training program that leads to a State-regulated or industry-recognized credential that is offered through Continuing Education.			
15) Have you completed a Free Application for Federal Student Aid (FAFSA) for 2022 - 2023?		Yes No	
16) *Are you an employee or related to anyone that is employed with SECU or SECU Foundation?		Yes No	
**To be considered for this scholarship program, a student must not be a Director, employee or family member of an employee of the State Employees' Credit Union or SECU Foundation			
17) **Are you employed? _____ Full-time _____ Part-time _____ Not employed Occupation: _____			

Section 2 *Release and Signature*

***Required: Please submit a 100 word Biography or Statement of need addressing your financial needs for this scholarship and include a current photograph.**

18) IF I AM AWARDED A SCHOLARSHIP, I do hereby authorize Sampson Community College, its agents, successors, assigns, subsidiaries and or affiliates to use all information supplied to said organization(s) by me in any or all of its publicity without limitation. If any pictures and/or photographs are taken by the college, I understand that these shall be and remain the property of Sampson Community College. They may be used with or without using my name or using my initials. Neither the copy nor the edited photographs will be submitted to me for inspection or approval prior to publication. I agree that if asked I will donate this material and that I will not be compensated. I agree that there is no cost to me for having the picture(s) submitted for possible publishing. I agree that there will be no cost to me for publication of the pictures(s) if in fact the picture(s) are published. I also agree that I will not be compensated for supplying the picture(s) whether published or not.

Student Signature

Date

FOR OFFICE USE ONLY

CRC Certification _____

Verified by _____

HRD: Introduction to Health Care Careers _____

Date of Completion _____

Verified by _____