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 P.O. Box 185, 5049 Highway 306 South, Grantsboro, N.C. 28529

[www.pamlicocc.edu](http://www.pamlicocc.edu)

252-249-1851 Ext. 3026

252-249-1622 (Fax)

## 2024 SECU Foundation *People Helping People* Scholarship Application

SECU Foundation established this two-year scholarship program to assist North Carolina Community College System (NCCCS) students in achieving academic success. The members of State Employees' Credit Union (SECU) take an active role in assisting organizations and communities across North Carolina and truly believe in "People Helping People!"

There are 116 scholarships valued at up to \$5,000 each. Each North Carolina Community College will receive two (2) scholarships each academic year. These scholarships are distributed semi-annually in two payments: fall semester, \$1,250 per student; and spring semester, \$1,250 per student for a maximum of four (4) consecutive semesters.

Preference will be given to students whose parents or guardians and family members are public sector employees (state, local or federal government; public health; public education) who live and work in North Carolina.

To be eligible, students must meet the following criteria:

- A high school or GED program graduate enrolled in an associate degree, diploma, or certificate program who is planning to be a full-time student (enrolled in at least 12 credit hours)
- A resident of North Carolina under NCGS 116-143.1 and is eligible for in-state tuition
- Demonstrates financial need using the 2024-2025 Free Application for Federal Student Aid (FAFSA); Preference may be given to students with limited financial aid from other programs.
- Has demonstrated leadership, excellence of character, integrity, and community involvement exemplifying the SECU membership philosophy of "People Helping People"
- Demonstrates scholastic achievement by maintaining a 2.5 or higher GPA in high school or college or achieved a score of 3,000 on the GED test
- Agrees to continue at Pamlico Community College for the duration of the scholarship, for four consecutive fall/spring semesters or upon completion of a diploma program; Scholarships are not transferable to another student or another school.
- Is not a director, employee, or family member of a director or employee of SECU or the SECU Foundation, or a family member of a member of the scholarship selection committee
- Must not have previously been awarded the SECU 2-year *People Helping People* Scholarship

Please note: Awarding of scholarships is contingent upon the availability of funding. Please see additional Eligibility Criteria documentation for additional guidance or contact the financial aid office.

***Scholarship Applications are due in the Financial Aid Office no later than July 22, 2024***

Incomplete applications will not be accepted for consideration. To be considered complete, the Financial Aid Office must receive the following:

- Completed 2024 SECU Foundation “People Helping People” Scholarship Application
- Completed 2024 People Helping People Scholarship Consent Form
- Completed 2024-2025 FAFSA, including any required documents requested by the Financial Aid Office
- An official high school or GED transcript if applicant is a first-time college student, or official college transcript(s) if applicant is a new transfer to PCC for the 2024-2025 academic year (*if previously submitted to Admissions Office, applicants do not need to resubmit*)

Please contact the Financial Aid Office with any questions regarding the scholarship or application at [gsteiger@pamlicocc.edu](mailto:gsteiger@pamlicocc.edu) or 252-249-1851 ext. 3026.

Applications will be accepted via in-person, email, or mail submission (must be received in office by deadline).

***Email to:  
finaid@pamlicocc.edu***

***Mail to:  
Pamlico Community College  
c/o Financial Aid-Scholarships  
PO Box 185  
Grantsboro, NC 28529***

All questions must be answered in detail. If additional space is needed, please attach additional sheets.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ PCC ID#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you an NC Resident and determined eligible to receive in-state tuition? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your program of study? \_\_\_\_\_

High School Attended: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No Year: \_\_\_\_\_

If you did not graduate High School, did you complete Adult High School or receive your GED? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, from where? \_\_\_\_\_ Year: \_\_\_\_\_

What is your most recent GPA? \_\_\_\_\_ High School or College (Circle which type)

Are you or your immediate family public sector employees (state, local, or federal government; public health; public education) who live and work in North Carolina? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you or your family member (spouse, parents, siblings, children, grandchildren, and great-grandchildren) a director or employee of SECU or the SECU Foundation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please take this opportunity to tell us other relevant information about you. For example, any awards, achievements, volunteering, religious, leadership work, life experience, goals or a way you have demonstrated good character. Remember, this should reflect the SECU membership philosophy of "People Helping People" (Attach a separate sheet if more space is required for a response.)

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# STATEMENT OF UNDERSTANDING

I certify that the above information is true to the best of my knowledge. I understand that my application may be viewed by committee members who could include Pamlico Community College faculty, staff, foundation members, board members, as well as, the scholarship provider. I also understand that if any part of this Scholarship Application is not completed or signed in the designated locations I will not be eligible.

I understand that I will be expected to adhere to the terms and conditions of any scholarship that I may receive from Pamlico Community College. I will also be required to be in attendance at the annual Scholarship Banquet. The banquet is a function of the Pamlico Community College Foundation. The date and time is set by the Foundation and will be announced in the near future.

I understand that if I receive a scholarship from Pamlico Community College that the college may release information about me to the donor and/or media.

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(Signature of Applicant) (Date)

Office Use Only						
Major	Year in School	Hours Attempted	Hours Earned	Cumulative GPA	Financial Need EFC per FAFSA	Total Amount Funded to date

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Signature of Certifying Official
Date

**RELEASE FOR USE OF NAME, IMAGE, LIKENESS, PHOTOGRAPHS, DRAWINGS, SKETCHES,  
PLANS, WORK PRODUCT, VIDEO, AUDIO RECORDINGS, AND/OR QUOTES**

I hereby grant permission to State Employees' Credit Union ("SECU"), its affiliates, and The State Employees' Credit Union Foundation, together referred to herein as the "Released Parties," to use the following information of student identified below: name, image, likeness, photographs, school enrollment information, scholarship receipt status, SECU membership status, drawings, sketches, plans, work product, video, audio recordings, and/or quotes for their communications, including but not limited to newsletters, flyers, posters, brochures, advertisements, fundraising letters, press releases and submissions to journalists, websites, social media platforms, and other print and digital communications without payment or other consideration. I acknowledge the Released Parties' right to crop, edit or otherwise treat the name, image, likeness, photographs, drawings, sketches, plans, work product, video, audio recordings, and/or quotes at their discretion. Further, if the student is a member of SECU, and/or has obtained products or services from SECU or any of its affiliates, I grant permission to the Released Parties to use information about the student's membership, and/or prior awards the student has obtained in their communications.

I also acknowledge that the Released Parties may choose not to use the student's name, image, likeness, photographs, drawings, sketches, plans, work product, video, audio recordings, quotes, and/or (if applicable) information related to the student's membership, and/or prior awards at this time but may choose to do so at a later date at their discretion.

I hereby release, waive, remit, acquit, satisfy, forever discharge and agree to hold harmless the Released Parties and their respective past, present, and future directors, officers (whether acting in such capacity or individually), members, shareholders, owners, servants, partners, joint venturers, principals, trustees, creditors, attorneys, insurers, representatives, employees, independent contractors, managers, parents, subsidiaries, divisions, subdivisions, departments, affiliates, predecessors, successors, assigns and assignees, transferors, transferees, investors, nominees, and any agent acting or purporting to act for them or on their behalf from any and all claims, demands, damages, debts, liabilities, obligations, contracts, agreements, causes of action, suits, and costs, of whatever nature, character, or description, whether known or unknown, suspected or unsuspected, anticipated or unanticipated, which I may have or may hereafter have or claim to have against the Released Parties arising out of or relating in any way to the use of the student's name, image, likeness, photographs, drawings, sketches, plans, work product, video, audio recordings, quotes, and/or information related to the student's membership, and/or prior awards.

I have had sufficient time to review and seek explanation of the provisions contained above, I have carefully read and understand them, and I agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release.

**Student Name:** \_\_\_\_\_

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

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

**If student is less than 18 years of age:**

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent in all respects to the terms and conditions of this Publicity Waiver and Release and agree that both the minor and I shall be bound by all of its terms and conditions.

**Name of Parent/Guardian (if student under 18):** \_\_\_\_\_

**Signature of Parent/Guardian (if student under 18):** \_\_\_\_\_

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