



STATE EMPLOYEES' CREDIT UNION BRIDGE TO CAREER SCHOLARSHIP APPLICATION

THIS APPLICATION IS FOR SHORT-TERM CAREER TRAINING/CONTINUING EDUCATION PROGRAMS ONLY

NAME:

FIRST

MI

LAST

ADDRESS:

CITY:

STATE:

ZIP:

EMAIL:

PHONE#:

/CELL

/HOME

Are you a U.S. Citizen? Yes___ No___ Are you a North Carolina Resident? Yes___ No___

In which county do you reside? Chatham___ Lee___ Harnett___ Other:_____

Are you a director or employee of SECU or SECU Foundation, or a family member of a director or employee of SECU or SECU Foundation? Yes___ No___

Are you any of the following? Check all that apply:

___Unemployed/Unemployment Insurance Claimant ___Member of the NC National Guard

___Military Veteran ___Spouse of Military Veteran

Are currently enrolled OR planning to enroll at Central Carolina Community College? Yes___ No___

If yes, in what class/program?_____

Course/Program Start date_____ End date_____

Have you applied for or been awarded any other financial assistance? Yes___ No___

List name of the award(s)_____

Please give an explanation of your financial circumstances. List how and why this scholarship will help you.

For which areas do you need financial assistance? Check all that apply:

Registration fees Books Certification fees Course supplies
 Childcare Transportation Living expenses

I qualify for the SECU Bridge to Career Award because: Check one of the following:

Unemployed Employed part time Employed full time Received notification of layoff

Last employer _____

Location _____

Last date of employment _____

I am working and eligible for the Federal Income Tax Credit

I am working and earning wages at or below two hundred percent (200%) of the Federal Poverty Guidelines.

• Rate of pay per hour _____ Number of hours worked per week _____

Complete the following:

Rate of pay \$ _____ X(multiply) Hours per week = \$ _____ Weekly Pay

Weekly pay \$ _____ X(multiply) 52 weeks per year = Estimated Annual Income \$ _____

Income will be compared with the estimated annual income charts applicable to the Federal Poverty Guidelines.

IMPORTANT! Please attach:

Copy of **CURRENT PAY STUB** or **Copy of LAST YEAR'S TAX RETURN** along with **YOUR PICTURE** and a **SHORT TWO (2) PARAGRAPH BIOGRAPHY OF YOURSELF** and **THE GOALS THIS AWARD WILL HELP YOU ACHIEVE** and a **COMPLETED** and **SIGNED STUDENT DATA FORM****

***Student data form must be completed and signed and returned with the scholarship application.*

If all required and/or requested documentation are not submitted with the application, it will be considered incomplete.

VERIFICATION STATEMENT

To receive a scholarship, an individual must verify that he/she meets at least one of the criteria listed above. An individual who does not sign this form will not be eligible for a SECU Bridge to Career Training Award.

I hereby verify that all of the information given by me as written in this application for the SECU Bridge to Career Award is true, complete, and accurate to the best of my knowledge.

Applicant Signature _____ Date _____

2019-20 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) |
|---|-----------------------------|--------------------------|
| | | |
| | | |
| | | |
| 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 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 |
|----------------------------------|------|-------|--------|
| | | | |

2019 Federal Earned Income Tax Credit Guidelines

SOURCE: Retrieved February 12, 2019 from Internal Revenue Service Webpage
<http://www.irs.gov/Individuals/Preview--EITC-Income-Limits>

Criteria Earned Income Threshold

| | |
|---|----------|
| Individual | \$15,570 |
| Worker with one qualifying child | \$41,094 |
| Worker with two or more qualifying children | \$46,703 |
| Worker with three or more qualifying children | \$50,162 |

Below 200% of the Federal Poverty Guidelines

SOURCE: *Federal Register*, Vol. 84, No. 22 February 1, 2019. Retrieved from
<https://www.govinfo.gov/content/pkg/FR-2019-02-01/pdf/2019-00621.pdf>
(Actual Guidelines on Federal Register listed at 100%)

Family Unit 200% of Poverty Guidelines

| | |
|---|----------|
| 1 | \$24,980 |
| 2 | \$33,820 |
| 3 | \$42,660 |
| 4 | \$51,500 |
| 5 | \$60,340 |
| 6 | \$69,180 |
| 7 | \$78,020 |
| 8 | \$86,860 |

For each additional person, add \$8,840