

SECU Foundation

PEOPLE HELPING PEOPLE®

2022 People Helping People Scholarship Consent Form

The SECU Foundation and State Employees' Credit Union ("SECU") may use photographs, slides, videos, or illustrations of students in newsletters or publications produced by SECU, in slide presentations, videos, and/or on websites about the scholarships, by the news media and in any SECU Foundation news coverage, in video productions aired on television produced by SECU, and in other similar forms of communication. Local media (TV, newspaper, radio stations) frequently want to interview students to add a personal touch to stories. Students' comments may be used in newspapers or broadcast on radio or TV. **Please return this completed and signed form with other requested documents to your high school guidance office.**

I give permission to the SECU Foundation, SECU and the news media to use any photographs, slides, videos, illustrations and interviews of the student listed below. Further, I authorize their use without inspecting or approving the finished product or its specific use.

At the time of application for the scholarship, the student listed below is a member of SECU or is eligible for membership through a parent or guardian who is a SECU member. I authorize SECU Foundation to verify SECU membership.

I acknowledge the SECU *People Helping People* Scholarship is *not* transferable from one university to another without the prior written consent of the SECU Foundation.

I have received or reviewed a copy of the Eligibility Criteria (available on the SECU Foundation website at www.ncsecufoundation.org) and confirm that the student listed below meets all Eligibility Criteria.

The student listed below 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. *For the purpose of this scholarship program and a student's relation to a director, employee, or selection committee member, family member includes spouse, parents, siblings, children, grandchildren and great-grandchildren, and spouses of children, grandchildren and great-grandchildren, of a selection committee member, employee or director of SECU, or employee or director of SECU Foundation. Also, for the purpose of this scholarship program and a student's relation to a director, employee, or selection committee member, family member also includes persons living in the same residence and maintaining a single economic unit as a selection committee member, employee or director of SECU, or employee or director of SECU Foundation.* However, please note that the student must be a member of SECU or be eligible for membership through a parent or guardian at the time of application to be eligible for the scholarship.

I authorize SECU Foundation to contact my university to obtain educational data related to the following: graduation, major, post-graduation employment information (if available)

Student's Social Security Number (example: 000-00-0000):

Student's name (please print):

Signature of Student:

Date:

Parent's Social Security Number (example: 000-00-0000):

Name of Parent(s)/Guardian(s) (please print):

Signature of Parent(s)/Guardian(s):

Date:

Street/Mailing address, city, state, zip:
