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- 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 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](http://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:

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Student's name (please print):

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Signature of Student:

Date:

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Parent's Social Security Number:

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

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Signature of Parent/Guardian:

Date:

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Street address, city, state, zip:

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