

**2023**

**Two Year Scholarship Program**

**for NC Community Colleges**

**Student Data Form**

**Please complete all information on this form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Data Form Personal Information** | | | | | | | |
| **Recipient First Name** | **Recipient Middle Name** | | | | **Recipient Last Name** | | |
|  |  | | | |  | | |
| **Student ID#** | | | | | | | |
|  | | | | | | | |
| **Home Street Address/ Mailing Address** | | | | | | | |
|  | | | | | | | |
| **City** | **State** | | | | **Zip Code** | | |
|  | **NC** | | | |  | | |
| **Telephone # (*Include Area Code*)** | | | | | | | |
|  | | | | | | | |
| **Gender:** | | | | | | | |
|  | | | | | | | |
| **Race/Ethnicity:** | | | | | | | |
|  | | | | | | | |
| **GPA - Weighted** | | | |  | | | |
| **GPA - Unweighted** | | | |  | | | |
| **Permanent E-mail** | | | |  | | | |
| **Has the student submitted their FAFSA?** | | | |  | | | |
| **Demonstrated Financial Need?** | | | |  | | | |
| **If parent/ guardian works in the public sector field, which area?** | | | |  | | | |
| **Is the student a first-generation college student?** | | | |  | | | |
| **How many of the student’s family members are currently in college?** | | | |  | | | |
| **Community College Information** | | | | | | | |
| **Name of Community College** | | | | | | | |
|  | | | | | | | |
| **Address** | **State** | | | | | **Zip Code** | |
|  | **NC** | | | | |  | |
| **Community College President** | |  | | | | | |
| **Community College President’s E-mail** | |  | | | | | |
| **Financial Aid Director** | |  | | | | | |
| **Financial Aid Director’s Email** | |  | | | | | |
| **Date of Awards Ceremony** | |  | **Time of Awards Ceremony** | | | |  |
| **Location of Awards Ceremony** | |  | | | | | |

***Student Community Involvement Short Answer Questions (1-3) – Located on 2nd page of Student Data Form***

**Please Note: Student data sheet must be returned as a Word document only.**

**All documents must be submitted electronically to** [**secufoundation@ncsecu.org**](mailto:secufoundation@ncsecu.org)**:**

**Signed Consent Form *(Signed by Recipient and Parent/Guardian if under 18)***

**Brief Statement from Selection Committee on school letterhead which must be signed by all members of the Committee to verify recipient. Please note, Selection Committee must have three or more members.**

|  |  |
| --- | --- |
| SHORT ANSWER QUESTIONS |  |
| The purpose of the “People Helping People” Scholarship is to recognize leadership, integrity and community involvement in addition to academic achievement.  *Use the blank fields on this page to complete your short answer responses to the following three questions.* |  |
| 1. Discuss a leadership experience you have had in any area of your life: School, work, athletics, family, church, community, etc. |  |
| 1. Aside from your college degree, what do you hope to gain from your college experience? | |
| 1. How have you contributed to your community (community projects, mission work, or volunteerism)? | |