

**2020**

 **Two Year Scholarship Program**

**for NC Community Colleges**

**Student Data Form**

 ***Submit by Wednesday, September 9, 2020***

**Please complete all information on this form**

|  |
| --- |
| **Student Data Form Personal Information** |
| **Recipient First Name** | **Recipient Middle Name** | **Recipient Last Name** |
|  |  |  |
| **Last Four Digits of Recipient’s Social Security Number** |
|  |
| **Home Street Address** |
|  |
| **City** | **State** | **Zip Code** |
|  | **NC**  |  |
| **Telephone # (*Include Area Code*)** |
|  |
| **Gender: (Male/Female)** |
|  |
| **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?** |  |
| **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** |  |

**Please Note: Student data sheet must be returned as a Word document only. Please email directly to** **secufoundation@ncsecu.org**

**Remaining documents can be submitted to** **secufoundation@ncsecu.org** **as one document:**

**[ ] Short Bio from Student *(5-6 sentences; may be released to local media)***

**[ ] Student Photo (submitted electronically as jpeg file)**

**[ ] 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.**