



**PIEDMONT COMMUNITY COLLEGE**  
CONTINUING EDUCATION APPLICATION  
STATE EMPLOYEES CREDIT UNION FOUNDATION  
BRIDGE TO CAREER PROGRAM SCHOLARSHIP

**A. Student Information**

\_\_\_\_\_  
Last Name                      First Name                      MI                      Last 4 of SS# or PCC Student ID#

\_\_\_\_\_  
Address (include apt. #)                      City                      State                      Zip

\_\_\_\_\_  
Date of Birth                      M                      F                      Phone Number                      Cell Number

Race: \_\_\_ American Indian or Alaska Native \_\_\_ Asian \_\_\_ Black/African American \_\_\_ Other \_\_\_ White

Program of Study: \_\_\_\_\_

Are you a United States Citizen or a Certified Visiting Student?                      Yes                      No  
(Please provide documentation)

In which County do you reside? \_\_\_\_\_

Are you a resident of the State of NC?                      Yes                      No

*If chosen as a recipient, scholarship recipients must consent to the release of their names and images for publications written/distributed by the System Office, the local Community College, and/or the State Employees' Credit Union and its Foundation. Do you agree to abide by this requirement?*

\_\_\_\_\_  
Yes                      No

**B. Program Information & Cost (COMPLETED BY WORKFORCE DEVELOPMENT STAFF)**

\_\_\_\_\_  
Course Name                      Course Section                      Class Code (i.e. MNT 3111)

\_\_\_\_\_  
\$                      \$                      \$

\_\_\_\_\_  
Course Dates                      Term                      Registration Fee

\_\_\_\_\_  
\$                      \$                      \$

\_\_\_\_\_  
Exam Fee(s)                      Book Cost                      Supply Costs

### C. Student Eligibility

Students applying for the SECU Foundation Scholarship must be a US Citizen and a North Carolina resident of Person or Caswell counties. They must be enrolled in a short-term training program that leads to a state-regulated or industry recognized credential that is offered through Continuing Education. They must fall into one of the following groups:

Check any that apply and provide appropriate documentation:

- Unemployment Insurance Claimant (provide a printout of unemployment)
- Unemployed (Student attestation statement)
- Underemployed—individuals earning at 200% below the federal poverty level (W2 or recent tax return)
- Military Veteran (DD214 or DD2) or Spouse of Military Veteran
- Member of the NC National Guard (Verification from Unit Commander)

**Scholarship recipients may not be a Director, employee or family member of an employee of the State Employee's Credit Union or SECU Foundation.**

### D. Brief Essay - **REQUIRED**

On a separate piece of paper, in 500 words or less, please write a detailed explanation of how the State Employee's Credit Union Foundation Bridge to Career Scholarship could benefit and help with your educational and vocational goals. If there are any extenuating circumstances that you feel we should be made aware of, you may include them within the essay. You must either type or *clearly* print your essay in blue or black ink.

### E. Sign this Application

By signing this application, you certify that all information reported on it is complete and correct.

I certify that the above information is true and accurate.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Return Application to: Tammy Duncan  
PCC Foundation  
(336) 322-2105  
P.O. Box 1101  
Roxboro, NC 27573

[tammy.duncan@piedmontcc.edu](mailto:tammy.duncan@piedmontcc.edu)

Person County Campus: Building D, Room 117



## PIEDMONT COMMUNITY COLLEGE

Person County Campus, PO Box 1197, 1715 College Drive, Roxboro, NC 27573  
Caswell County Campus, PO Box 1150, 331 Piedmont Drive, Yanceyville, NC 27379

### Tuition and Fee Waiver Verification Statement and Signature

Official Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Last First Middle Jr., Sr., III, IV

Address:

\_\_\_\_\_  
Street/PO Box City State Zip County of Residence

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in classes coded in the Master Course List as Human Resources Development if the individual meets one of four criteria listed below. To receive this waiver, an individual must verify that he or she meets at least one of the criteria by completing and signing this form. Individuals not signing this form must pay the applicable fee to register for a Continuing Education course.

I qualify for a tuition and fee waiver under the following criteria: (PLEASE CHECK ONE OPTION).

1. \_\_\_\_\_ I am currently unemployed.
2. \_\_\_\_\_ I have received notification of a pending layoff.

**Federal Earned Income Tax Credit (page 2)**

3. \_\_\_\_\_ I am working & eligible for the **Federal Earned Income Tax Credit**.

**200% of the Federal Poverty Guidelines (page 2)**

4. \_\_\_\_\_ I am working & earn wages at or below 200% of the **Federal Poverty Guidelines**.

I hereby verify that all the information given by me as written on this Registration Form and on this HRD Tuition and Fee Waiver Statement is complete and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2021: FEDERAL EARNED INCOME TAX CREDIT

### Federal Earned Income Tax Credit

Criteria	Earned Income Threshold
Individual	\$15,980
Worker with one qualifying child	\$42,158
Worker with two qualifying children	\$47,915
Worker with three or more qualifying children	\$51,464

## 2021: 200% OF THE FEDERAL POVERTY GUIDELINES

### 200% of the Federal Poverty Guidelines

Family Unit	200% of Poverty Guidelines*
1	\$25,760
2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320
For each additional person, add \$9,080	

# 2022-23 Student Data & Consent Form

Name of Community College: PIEDMONT COMMUNITY COLLEGE

Full Name of Scholarship Recipient					
Address		Phone		E-Mail	
<b>Target Group Affiliation (Check all that apply)</b>					<b>Gender</b>
<input type="checkbox"/>	Unemployed / Underemployed* Adult	<input type="checkbox"/>	NC National Guard Member	<input type="checkbox"/>	Military Veteran or Spouse
<input type="checkbox"/>		<input type="checkbox"/>		<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"/>	Underemployed*	<input type="checkbox"/>	American/Alaskan Native	<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Employed Full-Time	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Non-Hispanic/Latino
				<input type="checkbox"/>	White/Caucasian

\* 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)
<b>How would you have funded the course(s) if you had not received the scholarship?</b>		
<b>Do you plan to enroll in further training?</b>		
<b>If yes, what future training do you plan to seek?</b>		

\*College should see SECU Foundation Bridge to Career Program Guidelines for course eligibility requirements.

Please attach the following documents:

- Student Biographical Statement – 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 the SECU Foundation. As condition of this award, it is my responsibility to notify the College of licensure, certification and/or job attainment 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 a Director, employee, or family member of an employee or Director of the State Employees’ Credit Union or SECU Foundation*

**Student Signature:** \_\_\_\_\_

College	Name	Phone	E-Mail
Scholarship Coordinator:	Tammy Duncan	336-322-2105	tammy.duncan@piedmontcc.edu

**RELEASE FOR USE OF NAME, IMAGE, LIKENESS, PHOTOGRAPHS, DRAWINGS, SKETCHES,  
PLANS, WORK PRODUCT, VIDEO, AUDIO RECORDINGS, AND/OR QUOTES**

I hereby grant permission to State Employees' Credit Union ("SECU"), its affiliates, and The State Employees' Credit Union Foundation, together referred to herein as the "Released Parties," to use the following information of student identified below: name, image, likeness, photographs, school enrollment information, scholarship receipt status, SECU membership status, drawings, sketches, plans, work product, video, audio recordings, and/or quotes for their communications, including but not limited to newsletters, flyers, posters, brochures, advertisements, fundraising letters, press releases and submissions to journalists, websites, social media platforms, and other print and digital communications without payment or other consideration. I acknowledge the Released Parties' right to crop, edit or otherwise treat the name, image, likeness, photographs, drawings, sketches, plans, work product, video, audio recordings, and/or quotes at their discretion. Further, if the student is a member of SECU, and/or has obtained products or services from SECU or any of its affiliates, I grant permission to the Released Parties to use information about the student's membership, and/or prior awards the student has obtained in their communications.

I also acknowledge that the Released Parties may choose not to use the student's name, image, likeness, photographs, drawings, sketches, plans, work product, video, audio recordings, quotes, and/or (if applicable) information related to the student's membership, and/or prior awards at this time but may choose to do so at a later date at their discretion.

I hereby release, waive, remit, acquit, satisfy, forever discharge and agree to hold harmless the Released Parties and their respective past, present, and future directors, officers (whether acting in such capacity or individually), members, shareholders, owners, servants, partners, joint venturers, principals, trustees, creditors, attorneys, insurers, representatives, employees, independent contractors, managers, parents, subsidiaries, divisions, subdivisions, departments, affiliates, predecessors, successors, assigns and assignees, transferors, transferees, investors, nominees, and any agent acting or purporting to act for them or on their behalf from any and all claims, demands, damages, debts, liabilities, obligations, contracts, agreements, causes of action, suits, and costs, of whatever nature, character, or description, whether known or unknown, suspected or unsuspected, anticipated or unanticipated, which I may have or may hereafter have or claim to have against the Released Parties arising out of or relating in any way to the use of the student's name, image, likeness, photographs, drawings, sketches, plans, work product, video, audio recordings, quotes, and/or information related to the student's membership, and/or prior awards.

I have had sufficient time to review and seek explanation of the provisions contained above, I have carefully read and understand them, and I agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release.

**Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If student is less than 18 years of age:**

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent in all respects to the terms and conditions of this Publicity Waiver and Release and agree that both the minor and I shall be bound by all of its terms and conditions.

**Name of Parent/Guardian (if student under 18):** \_\_\_\_\_

**Signature of Parent/Guardian (if student under 18):** \_\_\_\_\_

**Date:** \_\_\_\_\_