

Thank you for your interest in SECU Foundation's *People Helping People* Scholarship. To be eligible to receive this award, a student must be a member of SECU or be eligible for membership through a parent or guardian at the time of applying. Please follow these step-by-step instructions to verify that you meet the membership eligibility requirement. If the student or parent/guardian is not a member but is eligible for membership, they may first request membership either at an SECU branch or SECU's Member Services.

1. Follow this link to get started (the link will become live on December 18th, 2023):
<https://na4.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=993c3d9b-80fd-4964-9c95-6ddd3aea54e5&env=na4&acct=6cba6c6f-fb7f-46b7-8eda-e0306bdd6276&v=2>

The screenshot shows a web form titled "SECU Member Information". At the top left is the SECU logo, and at the top right are "BEGIN SIGNING" and "HELP" buttons. The form text reads: "Thank you for initiating the SECU membership verification process. Once you submit this page, you will be directed to the Membership Verification Form; you will need to know your social security number to complete the Membership Verification Form. Please enter your name and email to begin the signing process." Below this, there are two sections: "Student" and "Parent". The "Student" section has fields for "Your Name:" (Full Name) and "Your Email:" (Email Address). The "Parent" section has a field for "Name:" (Full Name). A note states: "If you (student) are not a member of SECU, please enter the name and email address of the parent/guardian SECU membership you are using to verify eligibility. Your parent/guardian will be emailed a form that (s/he will need to complete). *Please only provide this information if you (student) are not a member of SECU.*"

2. You should see the page above. Enter your name and email address; if you are not a member of SECU but are eligible for membership through a parent/guardian, please also enter that person's name and email under the "Parent" section and click "BEGIN SIGNING."

The screenshot shows a document review page titled "Please Review & Act on These Documents". It features the SECU logo and "Powered by DocuSign". The user is identified as "William Potthoff, SECU QA". There is a checkbox for "I agree to use electronic records and signatures." with a "CONTINUE" button next to it. A "GOT IT" button is also visible. The main text explains the scholarship process and the user's authorization. A "FINISH LATER" button is also present. A note at the bottom states: "Student's Social Security Number (example: 000-00-0000) [redacted]. **Your SSN will only be seen by the SECU employee assigned to your Membership Verification Form; it will not be shared with DocuSign, the IFA selection committee, or any other third party.**"

3. Click "GOT IT" and check the box agreeing to sign electronically.
4. Click "CONTINUE."

Please review the documents below. FINISH FINISH LATER OTHER ACTIONS

SECU Membership Verification Form

*****The information provided on this form will only be visible to the SECU employee who verifies your membership eligibility. Once you submit this form by clicking "FINISH", you will receive a copy of the completed form for your records. Do not submit that copy with your application materials; you will receive a separate email that confirms your membership eligibility status.*****

Thank you for your interest in SECU Foundation's *People Helping People* Scholarship. To be eligible to receive this award, a student must be a member of SECU or be eligible for membership through a parent or guardian at the time of applying. By filling out and submitting this form, you authorize SECU to verify the SECU membership of the individual(s) listed below.

Once you click "SUBMIT", you will receive an email confirming SECU's receipt of the Membership Verification Form. Within 48 hours, you should receive another email either (a) confirming membership eligibility—you will submit that confirmation page with the rest of your scholarship application materials to your high school guidance office OR (b) directing you to your local SECU branch because membership eligibility cannot be confirmed.

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

Your SSN will only be seen by the SECU employee assigned to your Membership Verification Form; it will not be shared with DocuSign, the LEA selection committee, or any other third party.

Student's Name: Sammy Smith

Signature of Student:  _____ Date: 12/2/2022

Email:

Street/Mailing Address*: City:

State: NC Zip:

If you are not a member of SECU, but are eligible for membership through your parent or guardian, please provide the following information:

5. You will then be taken to the Membership Verification Form seen above. Fill out all the required information (in the red boxes) and click "FINISH."
 *If you provided a parent/guardian's name/email on the original page, (s)he will also receive an emailed Membership Verification Form from dse_NA4@docusign.net and will need to fill it out and click "FINISH."
6. You will receive a copy of your completed Membership Verification Form---you may save this for your records, but **this is not the form you will submit with your application materials.**
7. Within 48 hours you will receive an email from dse_NA4@docusign.net that either (a) states that you meet the membership eligibility requirement - **you will submit the attached PDF confirmation with the rest of your application materials** (the confirmation will look like the image below) OR (b) states that SECU is unable to verify that you meet the membership eligibility requirement – in this case, you will be encouraged to visit your local SECU branch to find out if you or your parent/guardian is eligible to obtain an SECU membership. Once you have identified the cause for receiving the email stating you do not meet the membership eligibility requirement and fixed the issue, you may restart the Membership Verification process by clicking on the link again.

2024
People Helping People Scholarship
 SECU Membership Confirmation

I confirm that _____ (name of student) is either a State Employees' Credit Union member or is eligible for membership through a parent/guardian.

Employee's Name: _____

Employee's Signature: _____

Date: _____

PLEASE SAVE THIS CONFIRMATION PAGE; YOU WILL ATTACH IT TO YOUR COMPLETED APPLICATION.

YOUR APPLICATION FORM HAS BEEN SENT TO:

Please note the following:

- The information you provide in the Membership Verification Form will only be seen by you and the SECU Member Support employee who verifies your membership eligibility (it will not be seen by DocuSign, your high school, or anyone else).
- The SECU Member Support team is available 24 hours a day, so you may submit your Membership Verification Form at any time that is convenient to you.
- If you receive an email stating that you do not meet the membership eligibility requirements and you believe this is an error, refer to the copy of your Membership Verification Form and make sure you entered each of the details correctly (ie. Social Security Number is correct; the address listed is the address associated with the SECU membership account; etc.). If these details were entered correctly, you are encouraged to visit your local SECU branch to discuss your membership eligibility.

Application, Consent Form, and Attachments

Once you have been confirmed as meeting the membership eligibility requirement, you will receive an email from MSS@ncsecu.org providing the DocuSign PowerForm link to the *People Helping People* application.

The image shows a screenshot of a web form titled "SECU Foundation Application Information". The form contains the following text and fields:

SECU Foundation Application Information

Thank you for your interest in SECU Foundation's People Helping People Scholarship. Before you begin your application, you may access the [PHPP Scholarship Eligibility Criteria and Frequently Asked Questions](#) by visiting the SECU Foundation website to ensure you meet all scholarship eligibility requirements.

Once you have completed the Media Consent Form and the Application Form, as well as attached your essay and your Membership Confirmation document, you will click "FINISH" and you will receive a completed copy of your application materials that you will then submit to your school's scholarship facilitator.

Please make sure you have discussed all application expectations/deadlines with your school's scholarship facilitator.

Thank you and we wish you the best of luck!

Please enter your name and email to begin the signing process.

Student

Your Name: *

Your Email: *

If you (student) are under the age of 18, please enter the name and email address of the parent/guardian. Your parent/guardian will be emailed the media consent form that (s)he will need to complete.
Please only provide this information if you (student) are under the age of 18.

Parent

Name:

Email:

1. You will once again enter your full name and your email address. If you are under 18 years old, please also provide the name and email address of a parent/guardian. **You will only enter the name of a parent/guardian and his/her email address if you are under 18 years old.** Once you have entered the necessary name(s)/email address(es), you will then select "BEGIN SIGNING."
2. Select "GOT IT", click the box to indicate you agree to use electronic signatures, and then select "CONTINUE."



3. Read through the Consent Form and then provide your signature by selecting “SIGN” (you will be asked to adopt a signature and confirm).

SECU Foundation

PEOPLE HELPING PEOPLE®

People Helping People Scholarship Consent Form

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

Should I be nominated by my LEA for the *People Helping People* Scholarship, 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)

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.

I attest that, at the time of application for the scholarship, the student identified below is a member of SECU or eligible for membership through a parent or guardian who is an SECU member. I authorize Released Parties to verify SECU membership. I have received or reviewed a copy of the Eligibility Criteria (available on the SECU Foundation website at www.nsecufoundation.org) and confirm that the student listed below meets all Eligibility Criteria.

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: XXXXXXXXXX Required - Sign Here - SignHere

Student Signature: Sign
↓

Date: 10/24/2023

If student is less than 18 years of age:

*If you are under 18 and you provide the name/email address for a parent/guardian, (s)he will be emailed their own Consent Form from dse_NA4@docusign.net; you will not be able to submit your application until your parent/guardian has completed their consent form.

4. Once you have completed your Consent Form, you will then fill out your application.

DocuSign Envelope ID: 27967A77-DCC7-43E2-9F86-31ECA65FC01A

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 9th Ave, Suite 4700 - Seattle, WA 98104 - (206) 219-0200

SECU Foundation
PEOPLE HELPING PEOPLE

**Application for High School
Scholarship Program**

****Please complete all information on this form.****

Personal Information

First Name	Middle Name	Last Name
Home Street Address/Mailing Address		
City	State	Zip Code
Telephone # (Example: 000-000-0000)	Required - Gender	
Gender:	--select--	
Race/Ethnicity:	--select--	
GPA - Weighted		
GPA - Unweighted		
Permanent E-mail		
Have you submitted your FAFSA?	--select--	
Demonstrated Financial Need?	--select--	
How many college credits will you have upon completion of high school (via community college classes and/or AP exams)?		
If your parent/ guardian works in the public sector field, which area?		
Are you a first-generation university student?	--select--	
How many of your immediate family members are currently enrolled in a college?		
Please choose all applicable financing methods you are using to pursue your education:	<input type="checkbox"/> College Work Study <input type="checkbox"/> Family Assistance <input type="checkbox"/> Full Time Work <input type="checkbox"/> Part-Time Work <input type="checkbox"/> Loan <input type="checkbox"/> Pell Grant <input type="checkbox"/> Personal Savings <input type="checkbox"/> Scholarship <input type="checkbox"/> Other	

NEXT

- The last part of the application requires you to attach your essay, college acceptance letter (please make sure the acceptance letter matches the university listed in the application), and the membership confirmation letter. Once you have uploaded each document the corresponding paperclip image will turn gray.

DocuSign Envelope ID: 27967A77-DCC7-43E2-9F86-31ECA65FC01A

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999 9th Ave, Suite 4700 - Seattle, WA 98104 - (206) 219-0200

COMMUNITY INVOLVEMENT ESSAY

The purpose of the "People Helping People" Scholarship is to recognize leadership, integrity, and community involvement in addition to academic achievement.

How have you contributed to your community (community projects, mission work, or volunteerism)? Please give examples identifying type and length of service. Explain how these activities were significant opportunities for you.

Please attach your essay response below:

NEXT

Required Attachments

Community Involvement Essay: 

College Acceptance Letter: 

Membership Confirmation Letter: 

- When you have answered each of the application questions and attached the required documents, you will click "FINISH."

Required Attachments

Community Involvement Essay: 

College Acceptance Letter: 

Membership Confirmation Letter: 

Required - Attachment Applied -
SignerAttachment

Ready to Finish?
You've completed the required fields. Review your work, then select **FINISH**.

FINISH

7. You will receive your completed email packet from dse_NA4@docusign.net and then submit it to your school scholarship facilitator.