



TRI-COUNTY
Community College

CreatingSuccess
NC Community Colleges
Hope • Opportunity • Jobs

Fall 2020

SECU - BRIDGE TO CAREER PROGRAM

SCHOLARSHIP CHECKLIST

CONTINUING EDUCATION STUDENTS

_____ Copy of two (2) most recent pay stubs

_____ Unofficial, most current transcript requested to be sent to Financial Aid Office

_____ Copy of NC Driver License (Student must be a NC resident)

The Financial Aid Office MUST receive your application and the required documents by the date below:

*****DEADLINE TO APPLY: October 26, 2020**



North Carolina State Employees Credit Union CE Student Application

Instructions: Complete this application and return the completed application to the college's Financial Aid Office.

Personal Information:

Full Name: _____

Social Security Number: _____

Home Address: _____

City, State, Zip Code: _____

E-Mail Address: _____ Phone: _____

NC County of Residence: _____

Length of residence in county: ____ less than 5 years ____ 5 – 10 years ____ more than 10 years

Please Check All That Apply:

- US Citizen
- Currently Underemployed
- Spouse of Veteran
- Unemployment Claimant
- NC National Guard
- Currently Unemployed
- Veteran

Please Check The Program In Which You Are Currently Enrolled:

- BLET
- Phlebotomy
- EMT – P
- Nurse Aid I
- EMT - B
- Pharmacy Tech
- Nurse Aid II
- EMT - I
- Other _____

Will this program be completed by August 31, 2021? ____ yes ____no

Do you receive financial aid? ____ yes ____no

Were your registration fees waived? ____ yes ____no

Did you receive other financial assistance with books, tuition, and supplies? ____ yes ____no

If so, how much? _____

Has anyone in your household lost their job in the past two years? ____ yes ____no

Has anyone in your household transitioned from a full-time job to a part-time job? ____ yes ____ no

Please list all campus and community service activities you are currently involved in.

Statement of Need:

In the space below, please describe your need and how it relates to your future educational goals.

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 its Foundation.

I attest I am not a Director, employee, Board Member, or family member of an employee of the State Employees' Credit Union or SECU Foundation.

Student Signature: _____

Tri-County Community College Financial Aid Office
Diane Owl
Director of Financial Aid
(828) 835-4220