2018

## **SECU** Foundation

PEOPLE HELPING PEOPLE

## People Helping People Scholarship Consent Form

The SECU Foundation and State Employees' Credit Union may use photographs, slides, videos, or illustrations of students in newsletters or publications produced by State Employees' Credit Union, in slide presentations, videos, and/or on websites about the scholarships, by the news media and in any SECU Foundation news coverage, in video productions aired on television produced by State Employees' Credit Union, and in other similar forms of communication. Local media (TV, newspaper, radio stations) frequently want to interview students to add a personal touch to stories. Students' comments may be used in newspapers or broadcast on radio or TV. **Please return this completed and signed form with other requested documents.** 

- □ I give permission to the SECU Foundation, State Employees' Credit Union or the news media to use photographs, slides, videos, illustrations or interviews of my child. Further, I authorize their use without inspecting or approving the finished product or its specific use.
- □ I acknowledge the SECU *People Helping People* Scholarship is *not* transferable.
- □ I have received or reviewed a copy of the Eligibility Criteria (available on the SECU Foundation website at <u>www.ncsecufoundation.org</u>).
- □ I am eligible for the SECU *People Helping People* Scholarship, as I or my parent/guardian(s) are SECU members. I authorize SECU Foundation to use the Social Security number(s) listed below to verify membership.
- □ I confirm that my parent/guardian(s) are not employees of State Employees' Credit Union and do not serve on the Board of Directors.
- □ I authorize SECU Foundation to contact my university to obtain educational data related to the following: graduation, major, post-graduation employment information (if available)

Student's Social Security Number:	
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Student's name (please print):

Signature of Student:

Parent's Social Security Number:

Name of Parent/Guardian (please print):

Signature of Parent/Guardian:

Date:

Date:

Street address, city, state, zip: