



Community Scholarship Program Policy

Self-Help Credit Union (SHCU) will establish and fund an annual scholarship to be awarded by each credit union in NC, FL, VA, and SC.

Purpose

SHCU will provide financial assistance to those who are improving their lives by furthering their education and commitment to their community.

Eligibility

Those who have been accepted to attend, or are attending any post-secondary educational institution will be eligible. Eligible institutions include universities, colleges, technical schools, trade and vocational institutions. SHCU employees, board and committee members and their immediate families are not eligible.

Application Process

All applicants need to submit a scholarship application.

Application deadline is April 30, 2019

Selection Process

A selection committee made up of community leaders or branch members will review each application.

The committee will meet as soon as possible after the application deadline to review and assess all applications. The recipient will be notified by credit union staff upon selection, and a picture will be required.

Scholarship Amount

The amount to be awarded is \$1000 from each credit union branch.

Distribution

The scholarship will be paid directly to the recipient's school. The funds may be used for tuition, room, board, books, or materials. A letter of acceptance or proof of enrollment from an educational institution is required. This letter may be submitted with the application or any time prior to the payment.



2019 Scholarship Application

Applicant Name:
Address:
Phone:
E-mail Address:
Branch/Office Closest to you:

Name, City, State of high school, and year graduated:

What post-secondary school are you attending or plan to attend? If undecided, list schools that you are considering.

What is your major course of study?

List your community service and volunteer work. Describe how your service has made an impact on your community. (Please attach a full description with photos, references, etc.)

List achievements and honors.

What are your long term career goals?

I hereby acknowledge that the information provided is true, complete, and accurate. I understand that the application will become the property of Self-Help Credit Union upon submission. I agree to allow SHCU to use all or part of my application for any purpose.

Signature:

Date:

Return completed application to your local credit union or mail:

To:

Self-Help Credit Union

Att: Paulina Brown, 40 Forest Gate Drive, Pisgah Forest, NC 28768

Att: Pat Funicello, 391 S. French Broad Avenue, Asheville, NC 28801

or Email: pat.funicello@self-help.org



PHOTO/VIDEO/STORY RELEASE

Thank you for helping Self-Help share information about the stories behind our loans and projects. The information and pictures/videos you provide are often used to market our programs and tell our story so we can continue to do our work.

Please take a moment to fill out this release form. In doing so, you will be giving Self-Help permission to use your image, quotes, name and general information, unless you specify otherwise.

I/We agree that:

1. Self-Help will have complete and total ownership of the photos/videos and the right to print the photos and/or use digital copies of the photos/videos.
2. Self-Help may use my/our name, likeness, biographical information and general information for newsletters, marketing materials, on social media or in other digital or physical publications or presentations, and may provide the photos/videos and information to others for similar use.
3. I/We will not be compensated for the use of photo/videos and/or information.

ACCEPTED AND AGREED

Name

Company Name

Address

City _____ State _____ Zip _____

Phone _____

Signature _____ Date _____

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