

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 through SECU's Member Services.

STEP 1: VERIFICATION PROCESS

1. Follow this link to get started (the link will become live on December 16th, 2024) or scan the QR code below:
<https://us.services.docusign.net/webforms-ux/v1.0/forms/a097bfd4f5c7aa512637fb5f90117a98>



2. Click "Start" to begin the verification process (note, you will need to know your social security number or TIN number)

A screenshot of a web form titled "SECU Foundation - Membership Verification Form". At the top left is the SECU Foundation logo with the tagline "PEOPLE HELPING PEOPLE". The main heading is "SECU Foundation - Membership Verification Form". Below the heading is a message: "Thank you for initiating the SECU membership verification process. You will need to know your social security number to complete the Membership Verification Form." A prominent yellow button with the text "Start" is centered below the message. At the bottom of the form, it says "Powered by docusign" followed by links for "Privacy" and "Terms".

3. Next, fill out the required identifying information. (*Note: If you, as the student, are a member of SECU, you will answer "Yes" to the question "Are you a current member of SECU?" and you will only be filling out information about yourself. If you are not a member of SECU, you will also provide your parent/guardian's name and email address. Once you have filled out the required information, select "Next.")

Are you a current member of SECU? *

No

Is your parent/guardian a current member of SECU?

Yes

Student Full Name (First, Last) *

Student Email *

Parent Name *

Parent Email *

Student SSN or TIN *

Student SSN

Student Address *

Student City *

Student State *

NC

Student Zip *

Finish Later Back Next

4. You will be taken to a page where you can confirm the information you entered by clicking “Next.” (If something is incorrect, click “Back” and edit that information.)

Summary

Please review the information you have entered:

Account Verification

Are you a current member of SECU?
No

Is your parent/guardian a current member of SECU?
Yes

Student Full Name (First, Last)
Grant Kennedy Jr

Student Email
gkenned@gmail.com

Parent Name
Grant Kennedy Sr

Parent Email
grant.kennedy@ncsecu.org

Student SSN or TIN
923-45-6789

Student Address
101 Drive Rd

Student City
Raleigh

Student State
NC

Student Zip
27612

Finish Later Back Next

5. The last step is to provide your signature on the DocuSign PowerForm. Click the box beside “I agree to use...” and then select “Continue.” Then provide your signature underneath your name. (*Note: If you are using a parent/guardian for membership verification, their name and email address will appear at the bottom. **You will not be able to edit any information on that half of the document. An email will be sent to your parent/guardian at the email address listed for them.**

SECU Foundation
PEOPLE HELPING PEOPLE

Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures *

Change Language - English (US) ▾ Other Options ▾ **Continue**

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 or TIN (example: 000-00-0000)

START

DocuSign Envelope ID: 4C79E357-5DB0-4C0B-BB12-7F8CC4176C54

SECU Foundation
PEOPLE HELPING PEOPLE

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SECU
People Helping People

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 Foundation and 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 or TIN (example: 000-00-0000)

This number 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: Grant Kennedy Jr

Signature of Student: Date: 11/6/2024

Email:

Street/Mailing Address*: City:

State: Zip:

If you are not a member of SECU but are eligible for membership through your parent or guardian, the person listed in the Parent(s) Guardian(s) section will receive an emailed form from DocuSign at the email address listed for them when you select "Finish" below.

Parent/Guardian's Social Security Number or TIN: _____

This number 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.

Name of Parent(s) Guardian(s): Grant Kennedy Sr

Signature of Parent(s) Guardian(s): _____ Date: _____

Email of Parent(s) Guardian(s):

Street/Mailing Address (If different from above): _____

City: _____ State: NC Zip: _____

***Please make sure that the address listed is the same address associated with the SECU Membership account for which you are requesting confirmation.**

Verification Status: _____

City: _____ State: NC Zip: _____

***Please make sure that the address listed is the same address associated with the SECU Membership account for which you are requesting confirmation.**

Verification Status: _____

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

Finish

6. You will then receive confirmation that your form has been submitted.

Thank you

We've received your form. If you are using a parent/guardian to establish SECU membership eligibility, that person will receive a separate form from DocuSign (dse_NA4@docusign.net). Once they complete their form, your membership verification will be assigned to an SECU Member Services Employee and you should receive the result of your membership verification within 48 hours (the email will come from SECUScholarshipEligibility@ncsecu.org).

(Again, if you are using a parent/guardian for membership confirmation, they will receive a verification form at the email address you listed for them. Only when they have completed their verification form and clicked "Finish" will everything be submitted to the MSS team for review.) This is what your parent/guardian's verification form will look like – they will fill in the information on the bottom half of the page and click "Finish")

START

You cannot return to any previous step. Once you click "FINISH" you will receive a copy of this completed form for your records. Please ensure that you copy this form 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 Foundation and 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 or TIN (example: 000-00-0000)

This number 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

Signature of Student: Date:

Email

Street/Mailing Address* City:

State: Zip:

If you are not a member of SECU but are eligible for membership through your parent or guardian, the person listed in the Parent(s) Guardian(s) section will receive an emailed form from DocuSign at the email address listed for them when you select "Finish" below.

Parent/Guardian's Social Security Number or TIN:

This number 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.

Name of Parent(s) Guardian(s):

Signature of Parent(s) Guardian(s): Date:

Email of Parent(s) Guardian(s):

Street/Mailing Address (if different than student's)*

City: State: Zip:

*Please make sure that the address listed is the same address associated with the SECU Membership account for which you are requesting confirmation.

Verification Status:

Membership Verification Form - Version 2_2025.pdf 1 of 1

FINISH

7. Within 48 hours, you will receive an email from SECUScholarshipEligibility@ncsecu.org 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.

2025
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: _____ (STUDENT'S EMAIL ADDRESS)

FROM _____ (MSS EMAIL ADDRESS).

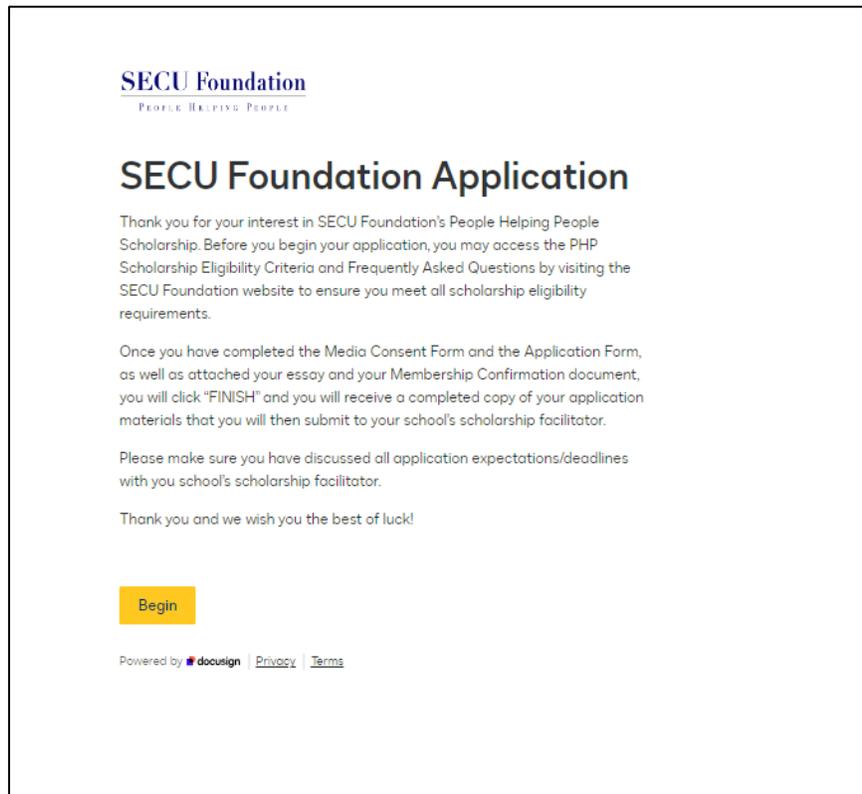
*Please check your Spam/Junk folder before reaching out to SECU Foundation if you are having trouble locating the email that contains your application.

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.

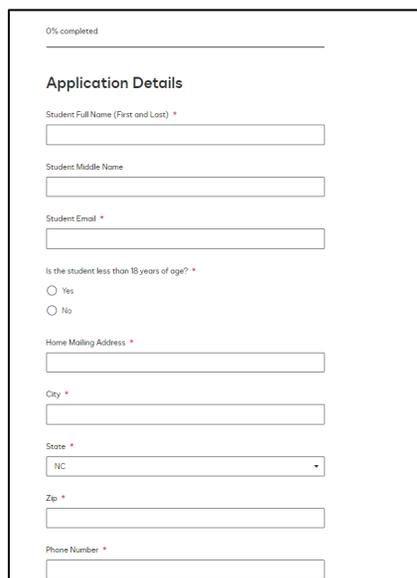
STEP 2: APPLICATION, CONSENT FORM, AND ATTACHMENTS

Once you have been confirmed as meeting the membership eligibility requirement, you will receive a second email from SECUScholarshipEligibility@ncsecu.org providing the DocuSign PowerForm link to the *People Helping People* application; the link will take you to the home page (see below) where you'll read the instructions and click "Begin."



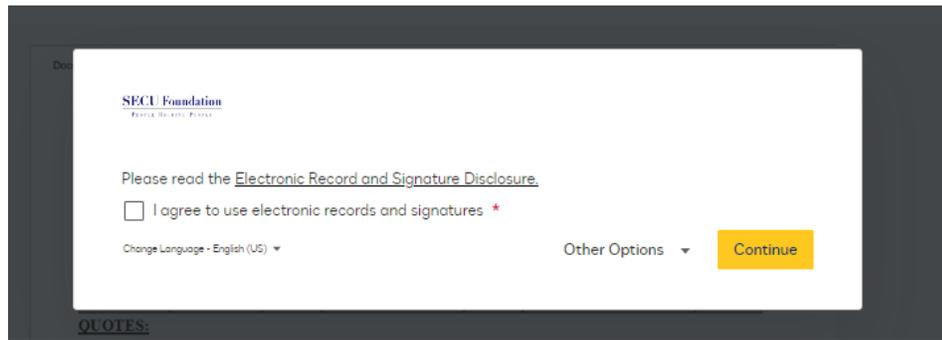
The screenshot shows the SECU Foundation Application home page. At the top left is the SECU Foundation logo with the tagline "PEOPLE HELPING PEOPLE". The main heading is "SECU Foundation Application". Below this, there are three paragraphs of text: the first thanks the user and provides instructions on where to find eligibility criteria; the second explains the submission process after completing forms; the third asks the user to discuss expectations with their school's scholarship facilitator. At the bottom left is a yellow "Begin" button. At the bottom center, it says "Powered by docuSign" with links for "Privacy" and "Terms".

1. You will be required to answer a series of questions. Once you have answered the questions, click "Next."



The screenshot shows the SECU Foundation Application form. At the top left, it says "0% completed". The form is titled "Application Details" and contains several fields: "Student Full Name (First and Last)", "Student Middle Name", "Student Email", "Is the student less than 18 years of age?" (with radio buttons for Yes and No), "Home Mailing Address", "City", "State" (a dropdown menu currently showing "NC"), "Zip", and "Phone Number". Each field has a red asterisk indicating it is required.

2. Next, you will fill out the "Consent Form." First, agree to the electronic records and click "Continue." Read through the Consent Form and then click "Sign"



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www.docusign.com

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ELIGIBILITY:

I acknowledge the SECU *People Helping People* Scholarship is *not* transferable from one university to another without the prior written consent of the SECU Foundation.

I have received or reviewed a copy of the Eligibility Criteria (available on the SECU Foundation website at www.ncsecufoundation.org) and confirm that the student listed below meets all Eligibility Criteria.

The student listed below is not a director, employee, or family member of a director or employee of SECU or the SECU Foundation, or a family member of a member of the scholarship selection committee. *For the 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.ncsecufoundation.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 Waiver.

Student Name: Grant Kennedy

Student Signature: 

Date: 11/6/2024

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: _____

- Now, you will review your answers to the application form (you can amend answers as needed) and upload the three required attachments: (1) **Community Involvement Essay – *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.*** (2) **College Acceptance Letter** – To be eligible for the PHP Scholarship, you must plan to attend a UNC System university; for application purposes, the UNC System acceptance letter you attach does not have to be the UNC System university you ultimately attend (ie. if you have been accepted to UNC - Wilmington but you are waiting to hear back from your first choice, UNC – Chapel Hill, it is OK to attach your UNCW acceptance letter. If you are selected as a recipient, we will confirm which UNC System university you have chosen to attend); (3) **Membership Confirmation Letter** – This is the PDF you received from our MSS team that is referenced in the “Verification Process” section of this document.

To upload a document, simply click on the yellow button containing an image of a paperclip, then click “Upload a File” and select the file you would like to attach. Once a document has been uploaded, the box will turn gray and no longer show a downward-pointing arrow. When all attachments have been uploaded, a “Finish” box will appear at the bottom of the page.

DocuSign Envelope ID: 28664370-163A-42AD-9B5B-27B9018BC303



Application for High School Scholarship Program

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

Personal Information					
First Name	Grant	Middle Name		Last Name	Kennedy
Home Street Address/Mailing Address					
		101 Drive Rd			
City	Cary	State	NC	Zip Code	27511
Telephone # (Example: 000-000-0000)					
		999999999			
Gender:					
		Male			
Race/Ethnicity:					
		White			
GPA – Weighted					
		4.8			
GPA – Unweighted					
		4.0			
Permanent E-mail					
		gtkenned@gmail.com			
Have you submitted your FAFSA?					
		Yes			
Demonstrated Financial Need?					
		TBD			
How many college credits will you have upon completion of high school (via community college classes and/or AP exams)?					
		12			
If your parent/ guardian works in the public sector field, which area?					
		Education			
Are you a first-generation university student?					
		No			
How many of your immediate family members are currently enrolled in a college?					
		0			
Please choose all applicable financing methods you are using to pursue your education:					
		<input type="checkbox"/> College Work Study		<input checked="" type="checkbox"/> Family Assistance	
		<input type="checkbox"/> Full Time Work		<input checked="" type="checkbox"/> Part-Time Work	
		<input checked="" type="checkbox"/> Loan		<input type="checkbox"/> Pell Grant	
		<input type="checkbox"/> Personal Savings		<input type="checkbox"/> Scholarship	
		<input type="checkbox"/> Other			
University Information					
University Attending (Attach Copy of Acceptance Letter)					
		North Carolina State University			
Intended Major					
		Finance			
High School Information					
High School Name					
		Cary High			
High School Street Address					
		Somewhere in Cary			
City	Cary	State	NC	Zip Code	27511
School District					
		Wake			
Contact Person for High School					
		Joe			
Contact Person E-mail					
		joe@cary.edu			

DocuSign Envelope ID: 28664370-163A-42AD-9B5B-27B9018BC303

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:

Required Attachments

Community Involvement Essay:

College Acceptance Letter:

Membership Confirmation Letter:

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Required Attachments

Community Involvement Essay: 

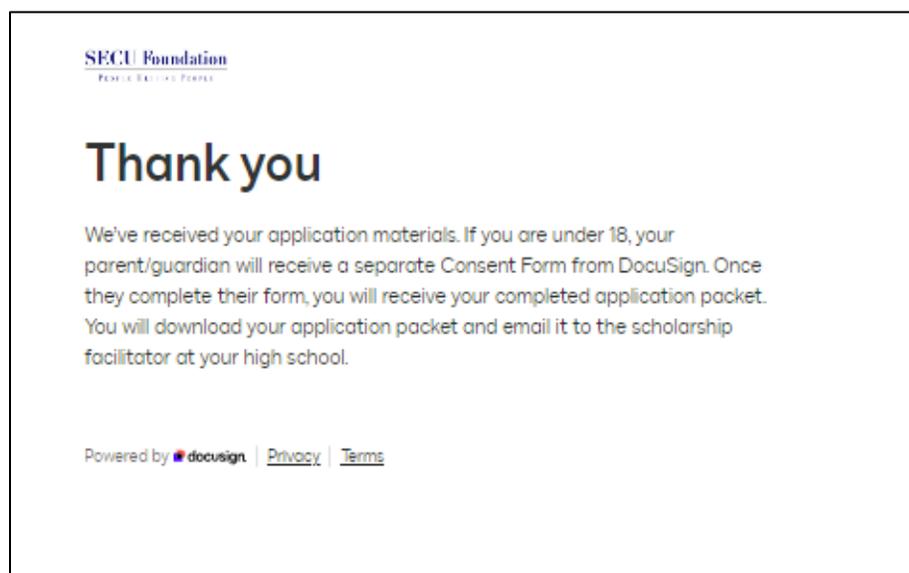
College Acceptance Letter: 

Membership Confirmation Letter:  Required - Attachment Applied

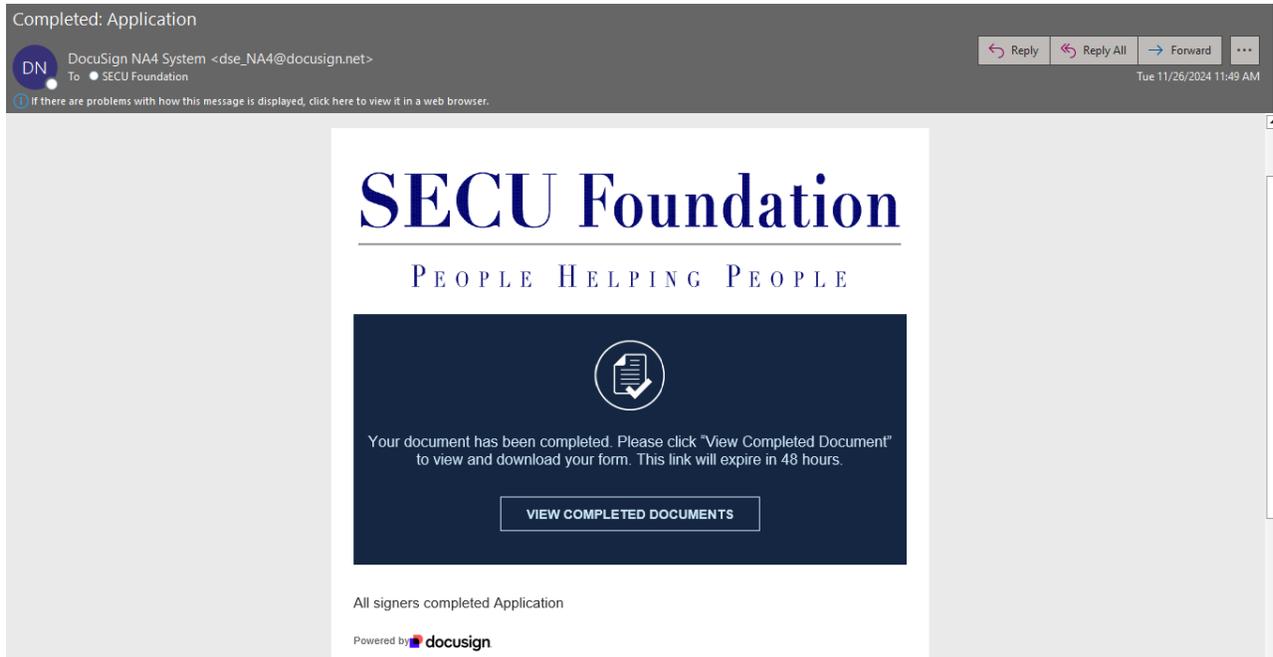
Ready to Finish?
You've completed the required fields. Review your work, then select **FINISH**.

FINISH

4. When you click “Finish”, you’ll receive confirmation that your materials have been submitted (see image below)



5. If you selected that you are 18 or over for the Consent Form section, you should immediately receive an email from dse_NA4@docusign.net that looks like this:



You will click on “View Completed Documents” which will take you to your application in DocuSign; you can click the download icon at the top of the screen, select “Combined PDF”, and then save the download as a PDF.



If you selected that you are under 18 and you provided the name/email address for a parent/guardian, once you click “Finish” on your application they will be emailed their own Consent Form from dse_NA4@docusign.net; once

your parent/guardian fills out their own Consent Form and clicks "Finish" the completed application will be emailed to you and you'll follow the steps above.

6. Once you have downloaded/saved your application packet, you will submit the packet to your school counselor.