



Application

Applicant's Signature _____

A scholarship program has been established by the State Employees Association of North Carolina (SEANC) for active and associate members, their spouses and dependent children. The SEANC Scholarship Foundation awards annual scholarships in the following categories. **You may apply in only one category.**

Category I - Financial Need - Must include EFC# (please see page 3)

- Based on academic performance and financial need
- This category requires financial information, including a copy of the Student Aid Report (SAR, Student Aid Programs Information Summary showing EFC numbers without asterisk)
- Applicant must be enrolled full-time before disbursement of funds can be made

I am applying for the following type of Category I scholarship: *(Please check one)*

- Two-year junior college Four-year college or university
 Community college, technical school or trade school

Category II - Merit

- Based on academic performance without regard to financial need
- Applicant must be enrolled full-time before disbursement of funds can be made

I am applying for the following type of Category II scholarship: *(Please check one)*

- Two-year junior college Four-year college or university
 Community college, technical school or trade school

Category III - Member Only

- Awarded to active and associate members who are working full time and wish to continue their education on a part-time basis
- Applicant must be enrolled before disbursement of funds can be made

I am applying for the following type of Category III scholarship: *(Please check one)*

- Undergraduate (six hours or more per semester) Graduate (three hours or more per semester)

Applicants for SEANC scholarships must be enrolled in, or have applied to, a recognized and accredited postsecondary school, college, trade school or other institution of higher learning. SEANC does not discriminate on the basis of sex, age, race, ethnic background, religious beliefs, political affiliation, sexual orientation or curriculum choice.

DO NOT MAIL THIS APPLICATION OR ANY MATERIAL TO THE SEANC CENTRAL OFFICE.

Completed application must be returned to the appropriate SEANC District at the following address by April 15. To obtain the information below, contact the SEANC Scholarship Department at 800-222-2758 or 919-833-6436 or visit the SEANC website at www.seanc.org.

Scholarship Chairperson

SEANC District

Address

City

State

Zip Code



Personal Information

(Must be completed for all categories)

Application for academic year

Applicant's Name

Last four digits of Social Security Number

Address

Birth Date

City

State

Zip Code

()

County

Preferred Telephone Number

Email Address

Mother's Name

Father's Name

SEANC Membership Information

SEANC Member's Name

Social Security and/or Member ID Number (from membership card)

Address

City

State

Zip Code

()

Work Telephone Number

Employer

Occupation

Relationship to Applicant

Member of SEANC District _____ Member since (year) _____

I have read and understand the conditions specified on the cover page of the SEANC scholarship application.

Applicant's signature

Date

(FOR THE APPLICANT)

FOR CATEGORY I USE ONLY

- **You must include your final (number without asterisk*) EFC number.**
Any issues with asterisks, call 1-800-FED-AID to resolve.
- **This could take 6-8 weeks for processing by the federal government, so it is very important that you begin the process to secure this number as soon as possible.**
This should be your first step in completing this application.
- **Failure to provide this Student Aid Report (SAR), which contains the EFC number without asterisk, will result in disqualification.**
- **The following link can be used to secure additional information:**
cfnc.org (*College Foundation of North Carolina*)

**ATTACH A COPY OF THE
STUDENT AID REPORT (SAR),
WHICH IS PART OF THE FEDERAL
STUDENT AID PROGRAMS
INFORMATION SUMMARY**



Applicant General Information

(Must be completed for all categories)

Applicant's Name

Name of school you plan to attend

Address of School

Date Applied

Career Objective

List high schools and other schools you have attended, giving addresses, dates of attendance, graduation information and degrees earned if applicable.

EDUCATION						
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4						
Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.						
Schools	Name/Location	Dates Attended (mo/yr) From To	Grad?	S/Q Hours	Major/Minor Coursework	Type of Degree Received
High School			Yes			
			No			
College/ University			Yes			
			No			
Graduate or Professional			Yes			
			No			
Other educational, vocation schools, internships, etc.			Yes			
			No			

Must be completed for all categories

List any other grant(s) or scholarship(s) and the amount(s) for which you have applied.
Do not list loans. Indicate below if you have been notified of an official award.

Name of Grant/Scholarship	Amount/Year	Official Notification		
		Approved	Denied	Do Not Know
1				
2				
3				
4				

Use the following section to show all anticipated costs associated with attending school for the next year.

Anticipated Costs

Amount

Tuition and Fees \$ _____

Books and Supplies \$ _____

Room \$ _____

Board \$ _____

Total \$ _____

Categories I and II:

List activities and leadership positions in school.

Category III:

Also include activities and leadership positions in SEANC at both local and state levels.
Please list in order of perceived importance.

List honors (scholastic, citizenship, artistic, etc.), awards, and/or recognitions received.

List hobbies and/or special interests.

List other activities or significant responsibilities in community.

(Applicants who are employed full-time may use this section to include additional information.)

Categories I and II ONLY:

Have you been employed part-time during school and/or during summer breaks? _____

List your jobs and the average number of hours worked per week.



Transcript Request Form

(Must be completed for Categories I, II, and III)

Applicant's Name

To the Transcript Officer:

I am applying for a SEANC scholarship. I request that the following information be released to the addressee below:

1. A certified copy of the applicant's complete academic record: (including high school and college if applicable) (a) a transcript for work completed, and (b) a listing of the courses in which he or she is currently enrolled. Please print and complete additional copies of this form as needed.

2. Grade Point Average: _____ Unweighted GPA: _____ Class Rank: _____

3. Scholastic Aptitude Test scores and other pertinent test scores:

Highest Math SAT: _____ Highest Verbal SAT: _____ Highest Writing SAT: _____ Total SAT: _____

Highest ACT: _____

Please return as soon as possible, but NO LATER THAN APRIL 15 to the address below. To obtain the information below, contact the SEANC Scholarship Department at 800-222-2758 or 919-833-6436 or visit the SEANC website at www.seanc.org.

Scholarship Chairperson

SEANC District

Address

City

State

Zip Code

Signature of Applicant

Date

(FOR SEANC DISTRICT USE ONLY)

SEANC DISTRICT SCHOLARSHIP
CHAIRPERSON SHOULD ATTACH A
CERTIFIED COPY OF TRANSCRIPT
HERE AFTER IT IS RECEIVED
FROM THE GUIDANCE OFFICE AT
THE RELEVANT INSTITUTION.



Recommendation

(Must be completed for Categories I and II ONLY)
(Two recommendations required)

Applicant's Name

Please return this form as soon as possible, but NO LATER THAN APRIL 15 to the address below.

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Scholarship Chairperson

SEANC District

Address

City

State

Zip Code

DO NOT MAIL THIS FORM TO THE SEANC CENTRAL OFFICE

Applicant should give recommendation forms to at least two of the following:

- a. A principal, counselor or teacher who knows you well and can knowledgeably complete a recommendation for you.
- b. Employer, supervisor or someone in the community who knows you well and can knowledgeably complete a recommendation for you.

The applicant named above is applying for a SEANC scholarship, which is available for SEANC members, their spouses, and dependent children of members. Selection of candidates is made by SEANC screening committee members and the Board of Directors of the SEANC Scholarship Foundation. Final selections are made on the basis of the criteria described below.

Your assistance is needed in judging this candidate. Recommendations are a key part of the application process and are read and analyzed with great care. They should, therefore, be carefully prepared and as descriptive as possible.

The selection of SEANC scholarship recipients will be based upon academic performance, financial need and additional criteria – including character, school and community activities, ability to express himself/herself in written form, personal motivation and leadership potential. Some of the applicants are applying for merit scholarships. In such cases, financial need is not a factor in selection.

Continuation of Recommendation for Categories I and II

1. What is your relationship (teacher, employer, etc.) to the applicant? How long have you known him/her? _____

2. Please rank the applicant on the following traits in comparison with other students of your acquaintance at the same level of experience and training.

	Highest 10%	Next Highest 20%	Middle 40%	Next Lowest 20%	Lowest 20%
Intellectual ability					
Written expression					
Motivation/perseverance					
Ability to work with others					
Potential as a leader					
Originality/creativity					

In the space below, add comments concerning strengths and weaknesses of the applicant that should be considered.

Recommendation: (Check one)

- The applicant has my highest recommendation.
- I recommend the applicant with confidence.
- I recommend the applicant with some reservations.
- I do not recommend the applicant.

Signature

Date

Name

Title

Address

City

State

Zip Code

()

()

Work Telephone

Home Telephone

Recommendations

(Must be completed for Category III)

(Three recommendations required)

Applicant's Name

In order for you to be considered for a SEANC scholarship, your application, together with three supporting recommendations, must be on file with the SEANC district screening committee by April 15.

You should give a recommendation form to:

1. Two SEANC members who know you well and who can knowledgeably complete a recommendation for you.
2. Someone in the community who knows you well and can knowledgeably complete a recommendation for you.

List the names of three people (required) who will be completing recommendation forms for you. Before distributing the forms, please write the name and address of the District Scholarship Chairperson in the spaces provided on each form. Please ask your references to mail the form as soon as possible and follow-up to make sure the required references have been received by the district scholarship chairperson.

Name

Name

Name



SEANC Member's Recommendation

(For use in Category III ONLY)

Applicant's Name

Please return this form as soon as possible, but **NO LATER THAN APRIL 15** to the address below.

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Scholarship Chairperson

SEANC District

Address

City

State

Zip Code

DO NOT MAIL THIS FORM TO THE SEANC CENTRAL OFFICE

The applicant named above is applying for a SEANC scholarship, which is available for SEANC members. Selection of candidates is made by SEANC screening committee members and the Board of Directors of the SEANC Scholarship Foundation.

Your assistance is needed in judging this candidate. Recommendations are a key part of the application process and are read and analyzed with great care. They should, therefore, be carefully prepared and as descriptive as possible.

The selection of SEANC scholarship recipients will be based upon SEANC involvement, career objectives, ability to express himself/herself in written form, personal motivation and leadership potential. Recommendations play a vital role in the selection process, so please complete this form and return it to the SEANC District Scholarship Chairperson listed above.

1. What committee(s) or SEANC project(s) have you worked on with the applicant?
Include SEANC awards and accomplishments.

2. In the space below, please explain why you feel this person should receive a scholarship.

Continuation of Recommendation

3. In the space below, make comments concerning strengths and weaknesses of the applicant that should be considered.

Recommendation: (Check one)

- The applicant has my highest recommendation.
- I recommend the applicant with confidence.
- I recommend the applicant with some reservations.
- I do not recommend the applicant.

Signature

Date

Name

Title

District

SEANC Member ID Number

Address

City

State

Zip Code

()

Preferred Telephone

Email Address

Continuation of Recommendation

Please rank the applicant on the following traits in comparison with other employees with the same level of experience and training.

	Highest 10%	Next Highest 20%	Middle 40%	Next Lowest 20%	Lowest 20%
Intellectual ability					
Written expression					
Motivation/perseverance					
Ability to work with others					
Potential as a leader					
Originality/creativity					

Recommendation: (Check one)

- The applicant has my highest recommendation.
- I recommend the applicant with confidence.
- I recommend the applicant with some reservations.
- I do not recommend the applicant.

Signature Date

Name Title

Address City State Zip Code

() ()
Work Telephone Home Telephone

Personal Recommendation

(Must be completed for Category III ONLY)

Applicant's Name

Please return this form as soon as possible, but **NO LATER THAN APRIL 15** to the address below.

To obtain the information below, contact the SEANC Scholarship Department at 800-222-2758 or 919-833-6436 or visit the SEANC website at www.seanc.org.

Scholarship Chairperson

SEANC District

Address

City

State

Zip Code

DO NOT MAIL THIS FORM TO THE SEANC CENTRAL OFFICE

The applicant named above is applying for a SEANC scholarship, which is available for SEANC members. Selection of candidates is made by SEANC screening committee members and the Board of Directors of the SEANC Scholarship Foundation.

Your assistance is needed in judging this candidate. Recommendations are a key part of the application process and are read and analyzed with great care. They should, therefore, be carefully prepared and as descriptive as possible.

The selection of SEANC scholarship recipients will be based upon SEANC involvement, career objectives, ability to express himself/herself in written form, personal motivation and leadership potential. Recommendations play a vital role in the selection process, so please complete this form and return it to the SEANC District Scholarship Chairperson listed above.

1. What is your relationship to the applicant? How long have you known him/her?

2. In the space below, please explain why you feel this person should receive a scholarship.

Continuation of Recommendation

3. In the space below, make comments concerning strengths and weaknesses of the applicant that should be considered. Include SEANC awards and accomplishments.

Recommendation: (Check one)

- The applicant has my highest recommendation.
- I recommend the applicant with confidence.
- I recommend the applicant with some reservations.
- I do not recommend the applicant.

Signature

Date

Name

Title

Address

City

State

Zip Code

()

Work Telephone

()

Home Telephone

FOR DISTRICT USE ONLY: (Scholarship Chairperson must verify membership)

I hereby certify that _____

is a member in good standing of SEANC District # _____ .

Signature, District Scholarship Chairperson

Date

Note to District Scholarship Chairpersons: If you need assistance verifying membership for applicants or their parents, please call the Scholarship Department at the SEANC Central Office between 8 a.m. and 5 p.m. at 919-833-6436 or 800-222-2758.



Scholarship Application Checklist

(Completed by District Scholarship Chairperson)

APPLICANT'S NAME: _____

SEANC DISTRICT: _____

CATEGORY: _____ (I=Financial Need; II=Merit; III=Member Only)

SCHOOL NAME: _____

Item	Date Received/Confirmed	Notes
Application		
SEANC membership/district number confirmed		
Number of years in SEANC		
School student will be attending		
Career objective		
Highest combined SAT score		
Highest ACT score		
Unweighted GPA		
Class Rank (# _____ of # _____)		
Transcripts		
High School (for graduating seniors only)		
College		
Personal Statement		
Recommendation #1 (Cat. I, II, & III)		
Recommendation #2 (Cat. I, II, & III)		
Recommendation #3 (Cat. III only)		
Notified Applicant that references not received		
Federal Student Aid Report (Category I only)		
Final EFC# (without an asterisk) All applications with asterisks will be disqualified		
Date applicant notified of missing documents		
Application complete date		

VERIFICATION

District Scholarship Chairperson Signature/Date _____

District Chairperson Signature/Date _____