



SEANC Scholarship

2017–2018 Category III — Member-Only Application

Applicant's Name (printed) _____

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. Membership in teacher's organizations or the State Employees' Credit Union (SECU) does not constitute eligibility for a SEANC Foundation Scholarship. However, state and local government employees and retirees and state university system scholarship athletes are eligible to join SEANC if they so desire. **You may apply in only one category.**

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

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, gender, 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, official document reflecting your ACT and/or SAT score (optional), official high school/college transcript and recommendations must be returned to the appropriate SEANC District Scholarship Chairperson in the member's local district (POSTMARKED NO LATER THAN APRIL 15). To obtain your District Scholarship Chairperson's address, login to the SEANC website (www.seanc.org/membership/scholarship) with your SEANC member ID number and zip code or contact the SEANC Central Office at 800-222-2758 or 919-833-6436.

It is each applicant's responsibility to complete the District Scholarship Chairperson's information below and on pages 7, 10, 12 and 14.

District Scholarship Chairperson

SEANC District No. (see your membership card)

Address

City

State

Zip Code



SEANC Scholarship

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Applicant's Name (printed)

Personal Information

Applicant's Name (printed)

Last four digits of Social Security Number

Address

Birth Date

City

State

Zip Code

County

Preferred Telephone Number

Email Address

Work Telephone Number

Preferred Telephone Number

Employer

Occupation

Member ID Number

Member of SEANC District Number

Member since (year)

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

Applicant's signature

Date



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Applicant's Name (printed)

Applicant's General Information

Name of school applicant plans to attend

Address of School

City

State

Zip Code

Date Applied

Career Objective

List high school and other schools you have attended, providing 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 Semester/Quarter Hours, list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name/Location	Dates Attended (mo/yr)		Graduate?	S/Q Hours	Major/Minor Coursework	Type of Degree Received
		From	To				
High School				Yes No			
College/University				Yes No			
Graduate or Professional School				Yes No			
Other educational, vocation schools, internships, etc.				Yes No			



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Applicant's Name (printed)

Applicant's General Information (continued)

List activities and leadership positions held in SEANC (both district and state levels if apply). Please list in order of importance:

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

List hobbies and/or special interests:

List other significant responsibilities and/or activities participated in your community:



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Applicant's Name (printed)

Personal Statement - 1,000 words or less

This portion of the application is intended to assist the SEANC Scholarship Committee in obtaining a better sense of you as a person, as a student, and/or as a SEANC member or any special circumstances and/or situations that should be considered. Please complete the personal statement with the following questions in mind.

Category III:

- How has your life experiences (family, culture, education, etc.) influenced your development as a person committed to pursuing your educational goals?
- What do you hope to achieve in your chosen profession or career field?



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Applicant's Name (printed)

Personal Statement (continued)



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Applicant's Name (printed)

Student ID

Transcript Request Form

To the Transcript Officer:

I am applying for a State Employees Association of North Carolina (SEANC) scholarship. I am requesting that the following information be released to the SEANC District Scholarship Chairperson's address below:

1. An **official** copy of the applicant's complete academic record: (including high school and college if applicable)*
 - (a) an **official** transcript (includes school seal/stamp and registrar's signature) for work completed - the transcript does not have to be provided in a sealed envelope
 - (b) a listing of the courses in which he or she is currently enrolled

Please complete the information below in addition to providing the official documents listed above.

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

3. Pertinent Test Scores:

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

Highest Total SAT: _____ Highest ACT: _____

*Two-year plus college students are not required to submit their high school SAT/ACT scores, high school transcripts or high school class rank.

APPLICANT SHOULD COMPLETE THE DISTRICT SCHOLARSHIP CHAIRPERSON'S INFORMATION BELOW

Transcript Officer: Please return to the District Scholarship Chairperson's address. **It must be POSTMARKED NO LATER THAN APRIL 15.**

If the information below is not completed, please contact the applicant for the information.

District Scholarship Chairperson

SEANC District No. (See membership card)

Address

City

State

Zip Code

Signature of Applicant

Date



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Applicant's Name (printed)

For SEANC District Use Only

The SEANC District Scholarship Chairperson should staple an official copy of the student's transcript here after it is received from the guidance office at the relevant institution.

Two-year plus college students are not required to submit their high school transcripts. In these cases, consider the college transcripts to judge the applications.



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Applicant's Name (printed)

Recommendations - Three recommendations required for Category III

To the Applicant:

In order to be considered for a SEANC scholarship, your application along with three supporting recommendations, must be submitted to your District Scholarship Chairperson **POSTMARKED NO LATER THAN APRIL 15**.

Give recommendation forms to the following:

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 your District Scholarship Chairperson in the spaces provided on each form. Please ask your references to mail the recommendation form prior to April 15 and follow-up to make sure the required references have been received by your District Scholarship Chairperson.

Name

Name

Name



SEANC Scholarship

2017–2018 Category III — Member-Only Application

Applicant's Name (printed)

Member's Recommendation I

The applicant named above is applying for a State Employees of North Carolina (SEANC) scholarship, which is available for SEANC members only. Selection of candidates is made by the SEANC District Scholarship Committee and the SEANC Scholarship Foundation, Inc. Board of Directors.

Your assistance is needed in judging this candidate. Recommendations are a key part of the application process and should be 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.

Recommender's Name

Position/Title

DO NOT MAIL THIS FORM TO THE SEANC CENTRAL OFFICE

Please return this completed document and the recommendation form on page 11 to the SEANC District Scholarship Chairperson's address below. It must be **POSTMARKED NO LATER THAN APRIL 15**. If the information below is not completed, please contact the applicant for the information.

District Scholarship Chairperson

SEANC District No. (See membership card)

Address

City

State

Zip Code

1. What committees or SEANC projects have you worked on with the applicant?

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



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Applicant's Name (printed)

Member's Recommendation I (continued)

3. Please rank the applicant on the following traits in comparison with other members or employees of your acquaintance at the same level of experience and training.

	Outstanding	Above Average	Average	Below Average	Unable to Evaluate
Intellectual ability					
Written expression					
Motivation/perseverance					
Ability to work with others					
Potential as a leader					
Originality/creativity					

4. In the space below, please share what you believe are the applicant's strengths and weaknesses.

Recommendation: (Check one)

The applicant has my highest recommendation.

I recommend the applicant with some reservations.

I recommend the applicant with confidence.

I do not recommend the applicant.

Recommender's Name

Position/Title

Address

City

State

Zip Code

District

Recommender's SEANC Member ID Number

()

Preferred TelephoneHome

Email

Recommender's Signature

Date



SEANC Scholarship

2017–2018 Category III — Member-Only Application

Applicant's Name (printed)

Member's Recommendation II

The applicant named above is applying for a State Employees of North Carolina (SEANC) scholarship, which is available for SEANC members only. Selection of candidates is made by the SEANC District Scholarship Committee and the SEANC Scholarship Foundation, Inc. Board of Directors.

Your assistance is needed in judging this candidate. Recommendations are a key part of the application process and should be 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.

Recommender's Name

Position/Title

DO NOT MAIL THIS FORM TO THE SEANC CENTRAL OFFICE

Please return this completed document and the recommendation form on page 13 to the SEANC District Scholarship Chairperson's address below. It must be **POSTMARKED NO LATER THAN APRIL 15**. If the information below is not completed, please contact the applicant for the information.

District Scholarship Chairperson

SEANC District No. (See membership card)

Address

City

State

Zip Code

1. What committees or SEANC projects have you worked on with the applicant?

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



SEANC Scholarship

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Applicant's Name (printed)

Member's Recommendation II (continued)

3. Please rank the applicant on the following traits in comparison with other members or employees of your acquaintance at the same level of experience and training.

	Outstanding	Above Average	Average	Below Average	Unable to Evaluate
Intellectual ability					
Written expression					
Motivation/perseverance					
Ability to work with others					
Potential as a leader					
Originality/creativity					

4. In the space below, please share what you believe are the applicant's strengths and weaknesses.

Recommendation: (Check one)

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

Recommender's Name

Position/Title

Address

City

State

Zip Code

District

Recommender's SEANC Member ID Number

(____)

Preferred TelephoneHome

Email

Recommender's Signature

Date



SEANC Scholarship

2017–2018 Category III — Member-Only Application

Applicant's Name (printed)

Personal Recommendation

The applicant named above is applying for a State Employees of North Carolina (SEANC) scholarship, which is available for SEANC members only. Selection of candidates is made by the SEANC District Scholarship Committee and the SEANC Scholarship Foundation, Inc. Board of Directors.

Your assistance is needed in judging this candidate. Recommendations are a key part of the application process and should be 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.

Recommender's Name

Position/Title

DO NOT MAIL THIS FORM TO THE SEANC CENTRAL OFFICE

Please return this completed document and the recommendation form on page 15 to the SEANC District Scholarship Chairperson's address below. It must be **POSTMARKED NO LATER THAN APRIL 15**. If the information below is not completed, please contact the applicant for the information.

District Scholarship Chairperson

SEANC District No. (See membership card)

Address

City

State

Zip Code

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

2. In the space below and on page 15, please explain why you feel this person should receive a scholarship.



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Applicant's Name (printed)

Personal Recommendation (continued)

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 some reservations.

I recommend the applicant with confidence. I do not recommend the applicant.

Recommender's Name

Position/Title

Address

City

State

Zip Code

District

Recommender's SEANC Member ID Number

(_____) _____
Preferred TelephoneHome

Email

Recommender's Signature

Date



SEANC Scholarship

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Applicant's Name (printed)

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

I hereby certify that _____

SEANC District Number

- is a member in good standing
- is not a member in good standing*

Signature, District Scholarship Chairperson

Date

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

*If the member is not in good standing, please explain.



SEANC Scholarship

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Checklist

This checklist is to be completed by the District Scholarship Chairperson.

Applicant's Name (printed): _____ SEANC District Number: _____

Category III – Member Only Undergraduate Graduate

School Name: _____

Item	Date confirmed by chairperson
SEANC membership/district number confirmed	
Number of years member in SEANC	
School applicant will be attending	
Career objective	
Highest combined SAT score (Optional)	
Highest ACT score (Optional)	
Unweighted GPA	
Class Rank (# ____ of # ____)	
College Transcripts	
Personal Statement	
Recommendation (Teacher)	
Recommendation (Employer or Personal)	
Notified applicant that references not received	
Date applicant notified of missing documents	
Application complete date	

Two-year plus college students are not required to submit their SAT/ACT scores and class ranks from high school. In this case, college transcripts are sufficient.

VERIFICATION

District Scholarship Chairperson signature/date _____