



SEANC Scholarship

2019-2020 Category I — Financial Need Application
Retiree Grandchild

Applicant's Name (printed) _____

A scholarship program has been established by the Retiree Council of the State Employees Association of North Carolina (SEANC) for retired member's grandchild(ren). Membership in teacher's organizations or the State Employees' Credit Union (SECU) does not constitute eligibility for this type of Scholarship. However, retirees are eligible to join SEANC if they so desire. **An applicant will only be considered in one category at final judging and must be enrolled in undergraduate programs.**

Category I - Financial Need - Must include Estimated Family Contribution (EFC) number. Please see page 3 for specific instructions.

- Based on academic performance and financial need
- Applicant must be enrolled full time before disbursement of funds are issued
- This category requires a copy of the Free Application for Federal Student Aid (FAFSA) Student Aid Report (SAR) Summary showing the final EFC number without an asterisk. See page 3 for specific instructions.

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

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

Applicants for the Retiree Council 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, 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 8, 10 and 12.

District Scholarship Chairperson

SEANC District No. (see your membership card)

Address

City

State

Zip Code



SEANC Scholarship

2019–2020 Category I — Financial Need Application
Retiree Grandchild

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

Mother's Name

Father's Name

SEANC Membership Information

SEANC Retired Member's Name

Relationship to Applicant

Member ID Number (from membership card/also available on SEANC website)

Address

City

State

Zip Code

(_____) _____
Telephone 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



SEANC Scholarship

2019–2020 Category I — Financial Need Application
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Applicant's Name (printed)

Instructions for the Applicant

The applicant is **required** to attach the Free Application for Federal Aid (FAFSA) Student Aid Report (SAR) Summary showing the final Estimated Family Contribution (EFC) number without an asterisk. The FAFSA process can take 6-8 weeks or more if verification is required; so it is very important that the applicant begin the process to secure this number as soon as possible. **This should be the first step in completing this application.**

To expedite the FAFSA process:

1. Applicants or dependent applicant's parents should file their income taxes as soon as possible (preferably electronically).
2. When completing the FAFSA, applicants or their parents are encouraged (if eligible) to use the **IRS Data Retrieval Tool** which allows applicants and/or their parents access to their IRS tax return and the ability to transfer the data directly into their FAFSA from the IRS website. For more information regarding the IRS Data Retrieval Tool, go to <https://fafsa.ed.gov/help/irshlp9.htm#> or contact FAFSA customer service at 1-800-433-3243.
3. If there is an asterisk next to the EFC number on the SAR Summary, the applicant must provide an official letter or official email from either the college the student will be attending or from FAFSA (1-800-433-3243) verifying that the EFC number is correct.
 - The **official college letter** should include the official school seal/stamp, the signature and title of the verifier, the school's name, address and telephone number.
 - The **official college email** should include the header (originator's college email address, sent date, sent to and subject), verifier's name, title, the school's name and telephone number.

Failure to provide the SAR, which contains the EFC number without an asterisk or an official letter verifying that the EFC number with an asterisk is correct, will result in the disqualification of the application.



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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

EDUCATION

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

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) From To	Graduate?	S/Q Hours	Major/Minor Coursework	Type of Degree Received
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>			
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Graduate or Professional School			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other educational, vocation schools, internships, etc.			Yes <input type="checkbox"/> No <input type="checkbox"/>			



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Applicant's Name (printed)

Applicant's General Information (continued)

List activities and leadership positions in school:

Have you been employed part time during school and/or during summer breaks? Yes ☐ No ☐

If yes, list your jobs and the average number of hours worked per week.

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Applicant's Name (printed)

Personal Statement (continued)

[illegible]



SEANC Scholarship

2019–2020 Category I — Financial Need Application
Retiree Grandchild

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) Retiree Council 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) if the transcript does not include the applicant's ACT and/or SAT scores, an **official** document from SAT or ACT reflecting those scores must be provided
 - (c) 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



SEANC Scholarship

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Retiree Grandchild

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.

Failure to provide an official transcript (including school seal/stamp and registrar's signature) will result in disqualification of the application.

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.



SEANC Scholarship

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Retiree Grandchild

Applicant's Name (printed)

Recommendation I – Two recommendations required for Category I

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

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

The applicant named above is applying for a SEANC Retiree Council scholarship, which is available for SEANC retired member's grandchild(ren). Selection of candidates is made by the SEANC Scholarship Committee. Final selections are made on the basis of the criteria described below.

The selection of SEANC Retiree Council 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.

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

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 State Employees Association of North Carolina (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



Recommendation Form

Applicant's Name (printed)

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 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					

3. 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 confidence.
- ☐ I recommend the applicant with some reservations.
- ☐ I do not recommend the applicant.

Recommender's Name

Position/Title

Address

City

State

Zip Code

()

()

Work Telephone

Home Telephone

Recommender's Signature

Date



SEANC Scholarship

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Applicant's Name (printed)

Recommendation II – Two recommendations required for Category I

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

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

The applicant named above is applying for a SEANC Retiree Council scholarship, which is available for SEANC retired member's grandchild(ren). Selection of candidates is made by the SEANC Scholarship Committee. Final selections are made on the basis of the criteria described below.

The selection of SEANC Retiree Council 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.

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

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 State Employees Association of North Carolina (SEANC) 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



Recommendation Form

Applicant's Name (printed)

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 or employees of your acquaintance at the same level of experience and training.

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

3. 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 confidence.
- ☐ I recommend the applicant with some reservations.
- ☐ I do not recommend the applicant.

Recommender's Name

Position/Title

Address

City

State

Zip Code

()

()

Work Telephone

Home Telephone

Recommender's Signature

Date



SEANC Scholarship

2019–2020 Category I — Financial Need Application
Retiree Grandchild

Applicant's Name (printed)

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

I hereby certify that _____ SEANC District Number

☐ is a retired member in good standing

☐ is not a retired member in good standing*

Signature, District Scholarship Chairperson

Date

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

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



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Checklist

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

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

Category I – Financial Need ☐ Two-Year School ☐ Four-Year School

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 (Official Document)*	
Highest ACT score (Official Document)*	
Unweighted GPA	
Class Rank (# ____ of # ____)*	
High School Transcripts (for graduating seniors only)	
College Transcripts	
Personal Statement	
Recommendation (Teacher)	
Recommendation (Employer or Personal)	
Notified applicant that references not received	
SAR Summary with final EFC# without an asterisk (See page 3 for specific instructions)	
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 _____