



SEANC Scholarship

2023-2024 Category II — Merit 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. **An applicant will only be considered in one category at final judging.**

Category II - Merit

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

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

Two-year junior college

Two-year Community college, technical school or trade school

Four-year college or university

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, 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, 9, and 11.

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

Mother's Name

Father's Name

SEANC Membership Information

SEANC Member's Name

Relationship to Applicant

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

Address

City

State

Zip Code

(_____) _____

Work Telephone Number or Preferred Number

Employer

Occupation

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



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 <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.

Applicant's Name (printed)



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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) 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

2023-2024 Category II — Merit Application

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.



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2023-2024 Category II — Merit Application

Applicant's Name (printed)

Recommendation I – Two recommendations required for Category II

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 State Employees Association of North Carolina (SEANC) scholarship, which is available for SEANC members, their spouses and dependent children of members. Selection of candidates is made by the SEANC District Scholarship Committee and the SEANC Scholarship Foundation, Inc. Board of Directors. Final selections are made on the basis of the criteria described below.

The selection of SEANC scholarship recipients will be based upon academic performance 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 10 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

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

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Work Telephone

Home Telephone

Recommender's Signature

Date



SEANC Scholarship

2023-2024 Category II — Merit Application

Applicant's Name (printed)

Recommendation II - Two recommendations required for Category II

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 State Employees Association of North Carolina (SEANC) scholarship, which is available for SEANC members, their spouses and dependent children of members. Selection of candidates is made by the SEANC District Scholarship Committee and the SEANC Scholarship Foundation, Inc. Board of Directors. Final selections are made on the basis of the criteria described below.

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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 12 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

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.

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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)

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 II – Merit ☐ 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	
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 _____