

## Consent Form

The SECU Foundation and the State Employees' Credit Union (SECU) may use photographs, quotes, slides, videos, or illustrations of students in newsletters or publications, in slide presentations, videos, and/or web sites and social media about the scholarships, in any SECU or SECU Foundation news coverage, in video productions aired on television and in other similar forms of communication. Local media (TV, newspaper, radio stations) frequently want to interview students to add a personal touch to stories. Students' comments may be used in newspapers or broadcast on radio or TV.

I give permission to the SECU Foundation, SECU, and/or the news media to use photographs, quotes, slides, videos, illustrations, interviews, likeness, and school information of the student listed below. Further, I authorize their use without inspecting or approving the finished product or its specific use. I understand that we will not receive compensation, monetary or otherwise, for the use of the likeness of the student listed below.

I acknowledge the *People Helping People* Scholarship is *not* transferable.

I have received or reviewed a copy of the Eligibility Criteria (available on the SECU Foundation website at [www.ncsecufoundation.org](http://www.ncsecufoundation.org))

The student listed below is eligible for the "*People Helping People*" Scholarship

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. (*Note: For the purpose of this scholarship program, 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. 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 also authorize SECU and SECU Foundation to contact the applicable community college to obtain educational data related to the following: graduation, major, post-graduation employment information (if available).

Student's name: \_\_\_\_\_  
*Please Print*

**Signature of** Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parents/Guardian (if under 18): \_\_\_\_\_  
*Please Print*

**Signature of** Parent/Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Street address/Mailing Address, city, state, zip: \_\_\_\_\_

**Please return this completed and signed form with other requested documents.**