

2025 People Helping People Application Process

PEOPLE HELPING PEOPLE®

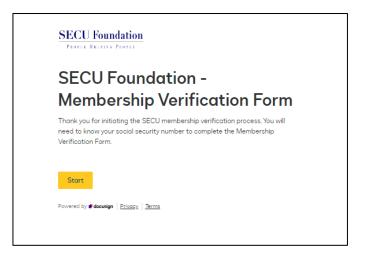
Thank you for your interest in SECU Foundation's *People Helping People* Scholarship. To be eligible to receive this award, a student must be a member of SECU or be eligible for membership through a parent or guardian at the time of applying. Please follow these step-by-step instructions to verify that you meet the membership eligibility requirement. If the student or parent/guardian is not a member but is eligible for membership, they may first request membership either at an SECU branch or through SECU's Member Services.

## **STEP 1: VERIFICATION PROCESS**

1. Follow this link to get started (the link will become live on December 16<sup>th</sup>, 2024) or scan the QR code below: https://us.services.docusign.net/webforms-ux/v1.0/forms/a097bfd4f5c7aa512637fb5f90117a98



2. Click "Start" to begin the verification process (note, you will need to know your social security number or TIN number)



3. Next, fill out the required identifying information. (\*Note: If you, as the student, are a member of SECU, you will answer "Yes" to the question "Are you a current member of SECU?" and you will only be filling out information about yourself. If you are not a member of SECU, you will also provide your parent/guardian's name and email address. Once you have filled out the required information, select "Next."

Are you a current member of SE	CU? *		
No			•
ls your parent/guardian a curren	t member of SECU?		
Yes			•
Student Full Name (First, Last) *	*		
Student Email *			
Parent Name *			
Parent Email *			
Student SSN or TIN * Student SSN			
Student Address *			
Student City *			
Student State *			
NC			•
L			
Student Zip *			
	Finish Later	Back	Next

4. You will be taken to a page where you can confirm the information you entered by clicking "Next." (If something is incorrect, click "Back" and edit that information.)

IMMARY se review the information you have entered:		
Account Verification		I
Are you a current member of SECU? No		
Is your parent/guardian a current member of SECU? Yes		
Student Full Name (First, Last) Grant Kennedy Jr		
Student Email gtkenned@gmail.com		
Parent Name Grant Kennedy Sr		
Parent Email grant.kennedy@ncsecu.org		
Student SSN or TIN 923-45-6789		
Student Address 101 Drive Rd		
Student City Raleigh		
Student State NC		
Student Zip 27612		
Finish Later	Back	Next

5. The last step is to provide your signature on the DocuSign PowerForm. Click the box beside "I agree to use..." and then select "Continue." Then provide your signature underneath your name. (\*Note: If you are using a parent/guardian for membership verification, their name and email address will appear at the bottom. You will not be able to edit any information on that half of the document. An email will be sent to your parent/guardian at the email address listed for them.

SECA Foundation	
Please read the <u>Electronic Record and S</u> I agree to use electronic records and Charge Larguage - Singlin (LS) +	
	mail exther (a) confirming membership eligibilityyou will cholarship application materials to your high school guidance ch because membership eligibility cannot be confirmed.

	DEMONSTRATION DOCUMENT ONLY	
START	Docusign Envelope ID: 4C79E357-50BD-4C08-B812-7F8CC4176C64 PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE SECU Foundation 999 by days, sub 1700 - Seatel - Washing Transformer 101 219-0200 www.docusien.com	
	Thank you for your interest in SECU Foundation's <i>People Helping People</i> Scholarship. To be eligible to receive this award, a student must be a member of SECU or be eligible for membenship through a parent or guardian at the time of applying. By filling out and submitting this form, you authorize SECU Foundation and SECU to verify the SECU membership of the individual(s) listed below.	
	Once you click "SUBMIT", you will receive an email confirming SECU's receipt of the Membership Verification Form. Within 48 hours, you should receive another email either (a) confirming membership eligibilityyou will submit that confirmation page with the rest of your scholarship application materials to your high school guidance office OR (b) directing you to your local SECU branch because membership eligibility cannot be confirmed.	
	Student's Social Security Number or TIN (example: 000-00-0000); [23:45-6789] **This number will only be seen by the SECU employee assigned to your Membership Verification Form; it will not be shared with DocuSign, the LEA selection committee, or any other third party. **	
	Student's Name, Grant Kennedy Jr	
	Signature of Student:	
	Email_gtkenned@gmail.com	
	Street/MailingAddress*[101 Drive RdCity:Raleigh	
	State: NC V Zip. 27612	
	If you are not a member of SECU but are eligible for membership through your parent or guardian, the person listed in the Parent(s)Guardian(s) section will receive an emailed form from DocuSign at the email address listed for them when you select "Finish" below.	
	Parent/Guardian's Social Security Number or TIN: **This number will only be seen by the SECL employee assigned to your Membership Verification Form; it will not be shared with DocuSign, the LEA selection committee, or any other third party. **	
	Name of Parent(s) Guardian(s): Grant Kennedy Sr	
	Signature of Parent(s) Guarkan, Date:	
	Street Mailing Address (If different waves and a street market)	
	City: State: NC Zip:	
	*Please make sure that the address listed is the same address associated with the SECU Membership account for which you are requesting confirmation.	
	Verification Status:	
	Y GLIER KOH JYR NDF.	
City:	State: NC Zip:	
	make sure that the address listed is the same address associated with the SECU Membership account for which you	
	in a source marine address insteads the same address associated with the SLCC Member sing account for which you lesting confirmation.	
Verificat	tion Status:	
	Ready to Finish?	
	Finish	
	You've completed the required fields. Review your work, then select FINISH.	

6. You will then receive confirmation that your form has been submitted.

## Thank you

We've received your form. If you are using a parent/guardian to establish SECU membership eligibility, that person will receive a separate form from DocuSign (dse\_NA4@docusign.net). Once they complete their form, your membership verification will be assigned to an SECU Member Services Employee and you should receive the result of your membership verification within 48 hours (the email will come from SECUScholarshipEligibility@ncsecu.org).

(Again, if you are using a parent/guardian for membership confirmation, they will receive a verification form at the email address you listed for them. Only when they have completed their verification form and clicked "Finish" will everything be submitted to the MSS team for review.) This is what your parent/guardian's verification form will look like – they will fill in the information on the bottom half of the page and click "Finish")

	with your application materials; you will receive a separate email that confirms your membership eligibility status. ***
START	Thank you for your interest in SECU Foundation's <i>People Helping People</i> Scholarship. To be eligible to receive this award, a student must be a number of SECU to be eligible formembership through a parent or guardian at the time of applying. By filling out and submitting this form, you subscrite SECU Foundation and SECU to verify the SECU multi-risk of the individual(s) lated below. One cyo and click-SUBMIT', you will receive an email confirming SECU's neesigt of the Membership Verification Form. Within 4h hours, you should receive another small enlare (a) confirming numbership displicity — you will solven it that confirmation page with the rere of your scalabularity application materials to your hip scalabular office OR (b) directing you your local SECU branch because numbership eligibility: cannot be confirmed.
	Student's Social Security Number or TIN (example: 000-00-0000): <u>123-45-6789</u> "This number and study for any hybrid ECU employee assigned to your Membership Wordfusteen Franz, it will not be shared with Tacudays, the (EA selection committee, or any other third party, ** Student's Name-Grant Kommon /s /r
	Simature of Student:
	Email: gtkenned@gmail.com
	Street/MailingAddress*: 101 Drive Rd. City: Raleigh
	State: <u>NC</u> Zip: <u>27612</u>
	If you as not a member of SECU but are eligible for membership throughy our parent or gaid data, the person listed in the Parent()Constantian() section will receive an emailed form from DocuSign at the email address listed for them when you select "Finish" below. Parent(Casafian's Social Security Namber or TNL: ""This member and the issues the SECURE emailer and term learning through the section of the index and the security and the secur
	Signature of Parent(s) Guardian(s):
	Email of Parent(s) (Guardian(s): grant.kennedy@ncsecu.org
	Street/Ma žing Address (If different than student's)*:
	City: State: NC V Zip:
	*Please make sure that the address listed is the same address associated with the SECUMembership account for which you are requesting confirmation.
	Verification Status:
	Membership Verification Form - Version 2_2025 pdf 1of 1
	FINISH

7. Within 48 hours, you will receive an email from <u>SECUScholarshipEligibility@ncsecu.org</u> that either (a) states that you meet the membership eligibility requirement - you will submit the attached PDF confirmation with the rest of your application materials (the confirmation will look like the image below) OR (b) states that SECU is unable to verify that you meet the membership eligibility requirement – in this case, you will be encouraged to visit your local SECU branch to find out if you or your parent/guardian is eligible to obtain an SECU membership. Once you have identified the cause for receiving the email stating you do not meet the membership eligibility requirement and fixed the issue, you may restart the Membership Verification process by clicking on the link again.

	2025 People Helping People Scholarship SECU Membership Confirmation
	(name of student) is either a State edit Union member or is eligible for membership through a parent/guardian.
Employee's Na	me:
Employee's Sig	gnature:
Date:	
	VE THIS CONFIRMATION PAGE; YOU WILL ATTACH IT TO YOUR COMPLETED APPLICATION.
YOUR APPLICA	,

Please note the following:

- The information you provide in the Membership Verification Form will only be seen by you and the SECU Member Support employee who verifies your membership eligibility (it will not be seen by DocuSign, your high school, or anyone else).
- The SECU Member Support team is available 24 hours a day, so you may submit your Membership Verification Form at any time that is convenient to you.
- If you receive an email stating that you do not meet the membership eligibility requirements and you believe this is an error, refer to the copy of your Membership Verification Form and make sure you entered each of the details correctly (ie. Social Security Number is correct; the address listed is the address associated with the SECU membership account; etc.). If these details were entered correctly, you are encouraged to visit your local SECU branch to discuss your membership eligibility.

## **STEP 2: APPLICATION, CONSENT FORM, AND ATTACHMENTS**

Once you have been confirmed as meeting the membership eligibility requirement, you will receive a second email from <u>SECUScholarshipEligibility@ncsecu.org</u> providing the DocuSign PowerForm link to the *People Helping People* application; the link will take you to the home page (see below) where you'll read the instructions and click "Begin."

SECU Fou	undation Application
Scholarship. Before you Scholarship Eligibility Cr	est in SECU Foundation's People Helping People begin your application, you may access the PHP iteria and Frequently Asked Questions by visiting the ite to ensure you meet all scholarship eligibility
as well as attached your you will click "FINISH" an	ed the Media Consent Form and the Application Form, r essay and your Membership Confirmation document, d you will receive a completed copy of your application nen submit to your school's scholarship facilitator.
Please make sure you ha with you school's scholar	ave discussed all application expectations/deadlines rship facilitator.
Thank you and we wish y	you the best of luck!
Begin	
Powered by Powersign   Prive	acy   Terms

1. You will be required to answer a series of questions. Once you have answered the questions, click "Next."

0% complete			 	
Applic	ation Det	ails		
Student Full N	ame (First and Le	ast) *		
Student Midd	e Name			
Student Emai	•			
Is the student	less than 18 year	s of age? *		
○ No				
Home Mailing	Address *		 	
City *				
State *				
NC NC			•	
Zip *				
Phone Numbe	r *			

2. Next, you will fill out the "Consent Form." First, agree to the electronic records and click "Continue." Read through the Consent Form and then click "Sign"

SECU Foundation			
Please read the Electronic Record and Signature Disclosure.			
I agree to use electronic records and signatures *			
Change Language - English (US) 💌	Other Options	*	Continue

usign Envelope ID: ADEASO94.215E-483C-855A-08AF74D3282         PPROVIDED BY DOCUSION OALHE BIGURNO SERVICE 996 3d-Ac. Sub 1700 - Saudie - Washington 98104 - (208) 21 www.formign.com           ELIGIBILITY:         In acknowledge the SECU People Halping People Scholarship is not transferable from one university to another without the prior written consent of the SECU Foundation.           I have received or reviewed a copy of the Eligibility Criteria (available on the SECU Foundation website at www.nonsign.com           The student listed below is not a director, employee, of a member of the scholarship selection committee member, family member includes spouse parents, siblings, children, grandchildren and great-grandchildren, and grouses of children, grandchildren and great-grandchildren, and grouse of this scholarship program and a student's relation to a director, employee, or selection committee member, family member of SECU Foundation.           I utest that, at the time of application for the scholarship, the student identified below is a member of SECU or eligible for membership Introgram of SECU C and maintaining a single economic unit as a selection committee member, family member of selection committee member, 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 C), or employee or director of SECU Foundation.           I attest that, at the time of application for the scholarship, the student identified below is a member of SECU or eligible for membership Introge ha parent or guardam who is an SECU member. I authorize Released Parises to verify SECU membership. I have received or reviewed a covor of the Elipible Criteria (available	9-0200
EIGEBLITY: I acknowledge the SECU People Halping People Scholarship is not transferable from one university to another without the prior writene consent of the SECU Foundation. I have received or reviewed a copy of the Eligibility Criteria (available on the SECU Foundation website at www.neceufoundation.org) and confirm that the student listed below meets all Eligibility Criteria. 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 for the purpose of flus scholarship program and a student's relation to a director, employee, or selection committee member, family member includes spouse parents, siblings, children, grandchildren and great-grandchildren and spouses of children, grandchildren and great-grandchildren, for selection committee member, employee or director of SECU, or employee or director of SECU Foundation. Also, for the purpose of flus children's relation to a director, employee, or selection committee nember, and prior and a student's relation to a director, employee, or selection committee nember, family member also ticlicate 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 attest that, at the time of application for the scholarship, the student identified below is a member of SECU or eligible for our of SECU.	
another without the prior written consent of the SECU Foundation. I have received or reviewed a copy of the Eligibility Criteria (available on the SECU Foundation website at www.nexecufoundation.org) and confirm that the student Isted below meets all Eligibility Criteria. The student Isted 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. For the purpose of this scholarship program and a student's relation to a director, employee, or selection committee member, family member includes grouse parents, siblings, children, grandchildren and great-grandchildren and spouses of children, grandchildren and great-grandchildren, for selection committee member, employee or director of SECU, or employee or director of SECU Foundation. Also, for the purpose of this scholarship program and a student's relation to a director, employee, or selection committee and student's present of SECU. Foundation a student's relation to a student's relation to a director of SECU foundation to a director of SECU. Foundation. Also, for the purpose of this scholarship program and a student's relation to a director, employee, or selection committee member, family member also includes persons living in the same ratifience and mantaning a single economic unit as a selection. Committee member, employee or director of SECU, or employee or director of SECU Foundation. I attest that, at the time of application for the scholarship, the student identified below is a member of SECU or eligible for membership through a parent or guardian who is an SECU Foundation.	
www nevecufoundation org) and confirm that the student listed below meets all Eligibility Criteria. 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 <i>For the purpose of this scholarship selection committee</i> for the supersoint of the scholarship selection committee. For the member, family member includes posuse parents, siblings, children, grandchildren and great-granachildren and great-granachildren, da salection committee member, employee or director of SECU. Foundation. Also, for the purpose of this scholarship program and a student's relation to a director, grandchildren and great-granachildren, director of SECU, or employee or director of SECU. Foundation. Also, for the purpose of this scholarship program and a student's relation to a director, employee, or selection committee member, 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. Foundation. I attest that, at the time of application for the scholarship, the student identified below is a member of SECU or eligible for or SECU is an SECU Foundation.	
or the SECU Foundation, or a family member of a member of the scholarship selection committee. For the purpose of this scholarship program and a student's relation to a director, employee, or selection committee member, family member includes spouse, parents, siblings, children, grandchildren and great-grandchildren, and pouses of children, grandchildren and great-grandchildren, af great-grandchildren, af and spouses of children, grandchildren and great-grandchildren, af selection committee member, employee or director of SECU, or employee or director of SECU Foundation. Also, for the purpose of this scholarship program and a student's relation to a director, employee, or selection committee member, 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 attest that, at the time of application for the scholarship, the student identified below is a member of SECU or eligible for membership through a parent or guardian who is an SECU member. I authorize Released	
or eligible for membership through a parent or guardian who is an SECU member. I authorize Released	
on the SECU Foundation website at <u>www.ncsecufoundation.org</u> ) and confirm that the student listed below meets all Eligibility Criteria.	
I have had sufficient time to review and seek explanation of the provisions contained above, I have carefully read and understand them, and I agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this B take. Student Name: Grant Kannedy	
Student Signature: Date: 11/6/2024	
If student is less time. There of age: I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent in all respects to the terms and conditions of this Publicity Waiver and Release and agree that both the minor and I shall be bound by all of its terms and conditions.	
Name of Parent/Guardian (if student under 18):	
Signature of Parent/Guardian (if student under 18):	
Date:	

3. Now, you will review your answers to the application form (you can amend answers as needed) and upload the three required attachments: (1) <u>Community Involvement Essay</u> – How have you contributed to your community (community projects, mission work, or volunteerism)? Please give examples identifying type and length of service. Explain how these activities were significant opportunities for you. (2) <u>College Acceptance Letter</u> – To be eligible for the PHP Scholarship, you must plan to attend a UNC System university; for application purposes, the UNC System acceptance letter you attach does not have to be the UNC System university you ultimately attend (ie. if you have been accepted to UNC - Wilmington but you are waiting to hear back from your first choice, UNC – Chapel Hill, it is OK to attach your UNCW acceptance letter. If you are selected as a recipient, we will confirm which UNC System university you have chosen to attend); (3) <u>Membership Confirmation Letter</u> – This is the PDF you received from our MSS team that is referenced in the "Verification Process" section of this document.

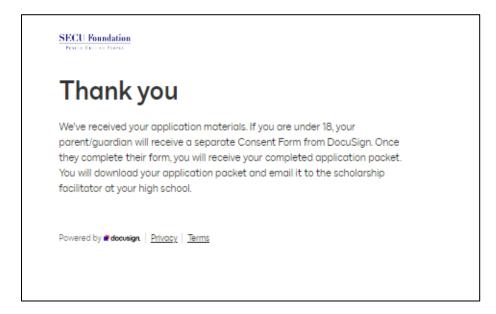
To upload a document, simply click on the yellow button containing an image of a paperclip, then click "Upload a File" and select the file you would like to attach. Once a document has been uploaded, the box will turn gray and no longer show a downward-pointing arrow. When all attachments have been uploaded, a "Finish" box will appear at the bottom of the page.

SECU Foundation PEOPLE HELPING PEOPLE			Application for High School Scholarship Program
	**P		information on this form.**
	1		al Information
First Name	Grant	Middle Name	Last Name Kennedy
	t Address/Mailing A		101 Drive Rd
City	Cary	State	NC V Zip Code 27511
	# ( <i>Example: 000–00</i>	0-0000)	999999999
Gender:			Male 🗸
Race/Ethnic			White 🗸
GPA – Weigh			4.8
GPA – Unweighted			4.0
Permanent I			gtkenned@gmail.com
Have you su	bmitted your FAFSA	?	Yes 🗸
Demonstrat	ed Financial Need?		TBD 🗸
How many c	college credits will yo	ou have upon	
completion	of high school (via d	ommunity colleg	e 12
classes and	or AP exams)?		
If your pare	nt/ guardian works	in the public sect	or
field, which	area?		Education
Are you a fir	rst-generation unive	ersity student?	No 🖌
How many o	of your immediate fa	mily members ar	e
currently en	rolled in a college?		0
Please choos	se all applicable fina	ncing methods ye	ou 🗋 College Work Study 🔽 Family Assistance
are using to	pursue your educat	tion:	🔲 Full Time Work 🛛 🗹 Part-Time Work
are asing to parone jour caracterion			🗹 Loan 🔲 Pell Grant
			Personal Savings 🔲 Scholarship 🔲 Other
			ty Information
University A	ttending (Attach Co	ppy of Acceptance	e Letter)
	State University 🗸 🗸		
Intended Ma	ajor	Finance	
		High Sch	ool Information
High School	Name	Cary High	
High School	Street Address		Somewhere in Cary
City	Cary	State	NC V Zip Code 27511
School Distr	rict	Wake	
Contact Pers	son for High School	loe	
Contact Pers	son E-mail	joe@cary.edu	
Parks of A		Time.	f Aurorda Communi

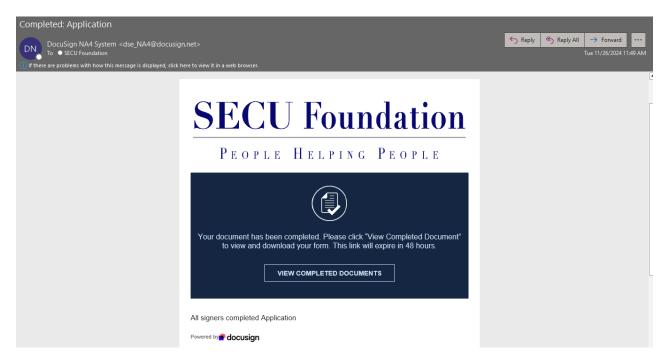
locusign Envelope ID: 28664370-163A-42AD-9B5B-27B9018BC303
COMMUNITY INVOLVEMENT ESSAY
The purpose of the "People Helping People" Scholarship is to recognize leadership, integrity, and comm nvolvement in addition to academic achievement.
How have you contributed to your community (community projects, mission work, or volunteerism)? Please examples identifying type and length of service. Explain how these activities were significant opportuniti rou.
Please attach your essay response below:
Required Attachments
Community Involvement Essay:
College Acceptance Letter:
Membership Confirmation Letter:

Q Q ±, 🖬 0	
Required Attachments	
Community Involvement Essay:	
College Acceptance Letter:	
Required - Attochment Applied Membership Confirmation Letter:	
Ready to Finish?	
You've completed the required fields. Review your work, then select FINISH.	

4. When you click "Finish", you'll receive confirmation that your materials have been submitted (see image below)



5. If you selected that you are 18 or over for the Consent Form section, you should immediately receive an email from <u>dse\_NA4@docusign.net</u> that looks like this:



You will click on "View Completed Documents" which will take you to your application in DocuSign; you can click the download icon at the top of the screen, select "Combined PDF", and then save the download as a PDF.



If you selected that you are under 18 and you provided the name/email address for a parent/guardian, once you click "Finish" on your application they will be emailed their own Consent Form from <u>dse\_NA4@docusign.net</u>; once

your parent/guardian fills out their own Consent Form and clicks "Finish" the completed application will be emailed to you and you'll follow the steps above.

## 6. Once you have downloaded/saved your application packet, you will submit the packet to your school counselor.