

LGFCU School of Government Scholarship Application and Instructions



Sponsored by Local Government Federal Credit Union
Administered by Carolinas Credit Union Foundation, Inc.
In conjunction with The UNC School of Government

Please read all instructions carefully. Incomplete applications will be withdrawn from consideration. All applicants must be members of Local Government Federal Credit Union (LGFCU membership is different from SECU membership).

The Program

Thank you for your interest in the LGFCU School of Government (SOG) Scholarship. This program is offered to help nurture the career development of Local Government Federal Credit Union (LGFCU) members employed in North Carolina local government. The SOG at The University of North Carolina at Chapel Hill helps public officials and citizens understand and improve state and local government through educational, advisory and research services. State appropriations, local government membership dues, private contributions, publication sales, course fees and service contracts support the school's programs and activities.

Visit www.sog.unc.edu for information on SOG publications, faculty, research, courses, programs and services, and links to other useful government-related websites.

Eligibility and Selection Process

Funds **may not** be awarded on a reimbursement basis for completed classes, conferences and seminars. The Master of Public Administration program is **not eligible** for funding through this scholarship. LGFCU employees, directors and/or family members, or members of the Scholarship Selection Committee, are not eligible for this award.

Scholarships will be applied only to the cost of tuition for classes, conferences and seminars through the SOG. Recipients are selected by the SOG Scholarship Selection Committee. The committee meets five times each year, approximately two weeks after each scholarship deadline, to evaluate applications. Please note, funds are limited and partial scholarships may be awarded. The decisions of the SOG Scholarship Selection Committee are final.

Deadlines

Applications are accepted throughout the year, with deadlines on: March 1, June 1, August 1, September 1 and December 1

The following courses have specific application periods:

- ▶ Public Executive Leadership Academy – **June 1**
- ▶ NC Local/State Government CGCIO – **June 1**
- ▶ Municipal and County Administration – **August 1**
- ▶ Clerks' Certification Institute – **December 1**

Visit sog.unc.edu for a list of all scholarship eligible courses offered by the SOG.

* For August 1, the scholarship committee will only review applications for the Municipal and County Administration course.

Application Procedures

Applicants must submit a completed—printed or typed—application and must have an immediate supervisor, or city, town or county manager, submit a reference form. **Only one application, per person, will be accepted during each application period.** Applications are accepted on a rolling basis and the committee meets approximately two weeks following each deadline to award funds. Completed applications and references must be received by March 1, June 1, August 1, September 1 or December 1 to be considered. Documents may be sent via email to sog@lgfcu.org, via fax to 919.647.9317 or mailed to:

LGFCU
SOG Scholarship Program
3600 Wake Forest Road
Raleigh, North Carolina 27609

Applications received after a deadline will go into consideration for the following application period, and may not be awarded funds due to the passing of the course start date. To ensure your application is received by your intended deadline, we suggest you send it via certified mail with a return receipt, email or fax. If you have any questions regarding the application process, please contact the Credit Union at 800.344.4846* or by email at sog@lgfcu.org.

Your Credit Union wishes each of you the best. We appreciate the opportunity to assist in your career development.

Next Steps

- ▶ Committee meets approximately two weeks after each deadline to make selections
- ▶ All applicants are notified via letter of the committee's decision
- ▶ Applicants receiving a scholarship must show proof of registration or proof of acceptance, such as a copy of an invoice, acceptance letter or registration email from the SOG
- ▶ LGFCU sends funds to the SOG through the Carolinas Credit Union Foundation (counties and municipalities will be reimbursed, by the SOG, if course has been paid for)

* Calls may be recorded for quality assurance.

LGFCU School of Government Scholarship Application



Applicant must be a member of Local Government Federal Credit Union

General Information (All information must be typed or printed legibly)

| | | | |
|---|-------------------------|---------------------|--------------|
| _____ FIRST NAME | _____ MIDDLE INITIAL | _____ LAST NAME | |
| _____ HOME ADDRESS | _____ CITY | _____ STATE | _____ ZIP |
| _____ SOCIAL SECURITY NUMBER (Used to verify LGFCU membership) | _____ PRIMARY PHONE | _____ WORK PHONE | |

Employer Information

| | | | |
|------------------------------|------------------------------------|-------------------------------|--------------|
| _____ PLACE OF EMPLOYMENT | | | |
| _____ MAILING ADDRESS | _____ CITY | _____ STATE | _____ ZIP |
| _____ YOUR POSITION TITLE | _____ YEARS IN CURRENT POSITION | _____ YEARS IN LOCAL GOV'T | |
| _____ WORK EMAIL | | | |

Course Information

| | | |
|----------------------|-----------------------|-------------------------|
| _____ COURSE NAME | _____ COURSE DATES | _____ COURSE TUITION |
|----------------------|-----------------------|-------------------------|

Please use the following area to explain how the above listed course will enhance your career, as well as any special financial needs that may apply. You may attach additional typed sheets if necessary.

Certification

All of the information on this application is true and complete to the best of my knowledge. I agree to give proof of the information supplied on this form, if required. My signature certifies that all information is complete, factually correct and honestly represented. I understand that any falsification of information on this application could jeopardize any assistance offered. Additionally, I hereby grant permission for the use of my name and information contained in my application in any future publicity for the scholarship fund.

| | |
|---------------------------------|---------------|
| _____ SIGNATURE OF APPLICANT | _____ DATE |
|---------------------------------|---------------|

LGFCU School of Government Scholarship Reference Form



Reference (All information must be typed or printed legibly)

To be completed by the applicant:

Please fill out the top section, then forward this page to your immediate supervisor, or city, town or county manager to complete. It is the responsibility of the applicant to follow up with his/her reference to ensure reference form is received by the appropriate deadline.

NAME OF APPLICANT

NAME OF REFERENCE

The deadline for your application period: March 1 June 1 August 1 September 1 December 1

The following statement **must** be signed by the applicant:

Under Public Law 93-380 (Family Educational Rights and Privacy Act), I waive the right to inspect this confidential recommendation before it becomes part of my application for the LGFCU School of Government Scholarship through Local Government Federal Credit Union.

SIGNATURE OF APPLICANT

DATE

To be completed by the reference:

The person above is applying for the LGFCU School of Government Scholarship. The information requested below will be used for the sole purpose of evaluating scholarship requests. Any additional information you would like to provide may be attached. We ask that you do not allow the applicant to review this document once completed. Thank you for taking time to provide this information. After you have completed the reference fields below, please confirm that the applicant sections are also complete. Please then submit this application on behalf of your employee. You may email to sog@lgfcu.org, fax to 919.647.9317 or mail to:

LGFCU
SOG Scholarship Program
3600 Wake Forest Road
Raleigh, North Carolina 27609

1. Please describe the quality of work of the applicant. _____

2. Please elaborate on the applicant's potential on the job. _____

3. Briefly describe how this course will enhance the applicant's ability to perform the functions of his or her job. _____

4. Likelihood applicant will attend this course if scholarship funds (partial or full) are not awarded (check the box that applies): Likely Somewhat Likely Unlikely

COMPLETED BY

TITLE

SIGNATURE

DATE