# **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 Incomplete applications will be withdrawn from consideration.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.

# 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 three times each year, or until funds are expired, 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: April 1, August 1 and December 1

#### The following courses have specific application periods:

- Public Executive Leadership Award April 1
- Municipal and County Administration August 1
- IIMC Clerks' Certification Institute December 1

## **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. **Please submit only one application, for a single course, for each application period.** Applications are accepted on a rolling basis and the committee meets following each deadline to award funds. Completed applications and references **must be received by** April 1, August 1 or December 1, and mailed to:

#### LGFCU

SOG Scholarship Program 1330 St. Mary's Street, Suite 500 Raleigh, North Carolina 27605

Applications received after a deadline will go into consideration for the following application period. To ensure your application is received by your intended deadline, we suggest you send it via certified mail with a return receipt. If you have any questions regarding the application process, please contact the Credit Union at 877.367.5428 or by email at info@lgfcu.org.

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

Application Checklist
Please make sure the following statements are true:
The applicant is a member of Local Government Federal Credit Union
The application is complete and will be <b>received by</b> the deadline
A completed reference form is being mailed by the reference and will be <b>received by</b> the deadline



#### Applicant must be a member of Local Government Federal Credit Union

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

FIRST NAME	MIDDLE INITIAL	LAST NAME		
HOME ADDRESS	CITY		STATE	ZIP
SOCIAL SECURITY NUMBER (Used to verify LGFCU membership)	HOME (PRIMARY) P	HONE	WORK PHON	E

# **Employer Information**

PLACE OF EMPLOYMENT				
ADDRESS	CITY	ST	ATE ZIP	
YOUR POSITION TITLE		YEARS IN CURENT POSITION	YEARS IN LOCAL GOV'T	
Course Information				
COURSE NAME	COURSE DATES	co	RSETUITION	
Please use the following area to explain financial needs that may apply. You ma			well as any special	

# 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.

**Reference Form** 



Reference (All information must be printed or typed)

## 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.

NAME OF APPLICANT

NAME OF REFERENCE

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. The completed reference must be received by the deadline marked above and mailed to:

### LGFCU

SOG Scholarship Program 1330 St. Mary's Street, Suite 500 Raleigh, North Carolina 27605

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.