

**North Carolina Community Colleges
Governor's Emergency Education Relief
(GEER)**

2020-2021 Student Application

Instructions: Complete this application and return the completed application to South Piedmont Community College's Financial Aid Office.

Personal Information:

Full Name: _____

Home Address: _____

City, State, Zip Code: _____

E-Mail Address: _____

Phone Number: _____

Educational Information:

College you are attending: South Piedmont Community College

Occupational Continuing Education Student (must be enrolled in a credentialing program of at least 96 hours.)

Select the Pathway you are enrolled in:

Automotive

Healthcare

Industrial/Manufacturing

Therapeutic Massage

Construction

Information Technology

Criminal Justice

Transportation

Emergency Medical Services

Fire and Rescue Services

Course you are enrolled in: _____

Course Start Date: _____

Other Questions:

Have you or members of your family been directly or indirectly affected by COVID-19?

___ yes ___ no

If yes, how?

I have read and understand the requirements for assistance. I hereby declare that the information provided on this form is complete and correct to the best of my knowledge.

Applicant's Signature

Date



ONE TEAM WITH ONE VOICE... SERVING 58.
ACCOUNTABILITY | INTEGRITY | COLLABORATION | SERVICE

Scholarship Program Photograph and Publicity Release Form

I, _____, hereby give my college, the North Carolina Community College System (NCCCS) and scholarship donor, permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the donor's activities. I agree that the NCCCS has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the organization's education missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet.

I acknowledge that I will not receive any compensation for the use of such pictures, etc., and hereby release the NCCCS, scholarship donor and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to the North Carolina Community College System (NCCCS) and scholarship donor to use my name and likeness to promote the Scholarship program, education, and/or their activities.

Signature Date

Parent/Legal guardian (if age 17) Date

I do not give my consent to the North Carolina Community College System (NCCCS) and scholarship donor to use my name and likeness to promote the Scholarship program, and/or their activities.

Signature Date

Parent/Legal guardian (if age 17) Date