



North Carolina Community Colleges
Golden LEAF Scholars Program – Two-Year Colleges
Student Application

Instructions: Complete this application and return the completed application to the college's Financial Aid Office. Occupational Education students must also submit a copy of their transcript with the application.

Personal Information:

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

NC County of residence: \_\_\_\_\_

Length of residence in county: \_\_\_ less than 5 years \_\_\_ 5 – 10 years \_\_\_ more than 10 years

(To be eligible for this scholarship, your permanent residence must be in an approved NC county.)

Educational Information:

College you are attending: \_\_\_\_\_

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

Program you are enrolled in: \_\_\_\_\_

\_\_\_ Curriculum Student: \_\_\_ GPA \_\_\_ 1st semester \_\_\_ not enrolled

Program you are enrolled in: \_\_\_\_\_

Other Information:

Have members of your immediate family worked for or owned a farming or agricultural related business now or in the past? \_\_\_ yes \_\_\_ no

Have you or members of your immediate family been employed in traditional industries such as furniture, textiles, or tobacco manufacturing? \_\_\_ yes \_\_\_ no

Has anyone in your household lost their job in the past two years? \_\_\_\_ yes \_\_\_\_no

Has anyone in your household transitioned from a full-time job to a part-time job? \_\_\_\_ yes \_\_\_\_ no

Please list all campus and community service activities you are currently involved in.

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**Use of Funds:**

\_\_\_\_ Tuition \_\_\_\_ Fees \_\_\_\_ Books \_\_\_\_ Supplies \_\_\_\_ Mid-Skills Credentialing Exams

\_\_\_\_ \*Childcare \_\_\_\_ \*Transportation

*(\* Students using funds for childcare and/or transportation purposes are asked to sign the statement(s) below.)*

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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

**Please return the completed application to the college's Financial Aid Office.**

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**Use of childcare funds statement:** If selected for funding from the Golden LEAF Scholars Program – Two-Year Colleges, I certify that scholarship funds designated for childcare will be used exclusively while I am attending class in order to fulfill my educational requirements.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Use of transportation funds statement:** If selected for funding from the Golden LEAF Scholars Program – Two-Year Colleges, I certify that scholarship funds designated for transportation will be used exclusively for the purpose of supporting my travel to and from the college where I am enrolled for educational purposes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Consent Agreement  
Golden LEAF Scholars Program– 2 year Colleges**

The Federal Family Education Rights and Privacy Act of 1974 (FERPA) prohibits colleges and universities from providing certain information from student records to third parties. FERPA is a Federal law that protects the privacy of student education records. In general, in order for your college or university to release information protected by FERPA to anyone, other than yourself, you must approve the release.

I have read and understand the requirements for the Golden LEAF Scholars Program – 2 Year Colleges. I understand and agree that if I am selected as a scholarship recipient for the Golden LEAF Scholars Program – 2 Year Colleges, the college can share my name and contact information and information regarding my use of Golden LEAF scholarship funds and my program of study with Golden LEAF for its purposes including monitoring, assessment, implementation, and administration of the scholarship program.

\_\_\_\_\_  
**Applicant’s signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian’s Signature  
(If applicant is under 18)**

\_\_\_\_\_  
**Date**

**Media Release**

You must check one of the following options below:

I approve the release of my information (name, town, program of study) for a media release announcing my Golden LEAF scholarship

I do NOT approve the release of my information (name, town, program of study) for a media release announcing my Golden LEAF scholarship

\_\_\_\_\_  
**Applicant’s signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian’s Signature  
(If applicant is under 18)**

\_\_\_\_\_  
**Date**