North Carolina Community Colleges
Golden LEAF Scholars Program – Two-Year Colleges
2020-2021 Student Application

Instructions: Complete this application and return the completed application to the college’s Financial Aid Office. Eligible students must reside in a rural county that is tobacco dependent, or economically distressed, as determined by the Golden LEAF Foundation (Please see your school’s financial aid office for a list of 2020-2021 Qualifying Counties).

Personal Information:

Full Name: ________________________________________________________________

Student ID 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, if any.

Use of Funds:

☐ Tuition  ☐ Fees  ☐ Books  ☐ Supplies  ☐ Credentialing Exams
☐ Childcare  ☐ Transportation

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.