

**North Carolina Community Colleges  
Golden LEAF Scholars Program – Two-Year Colleges  
2021-2022 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: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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 \_\_\_\_\_ 1<sup>st</sup> 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. \_\_\_\_\_

**Applicant Certification:** I have read and understand the requirements for the Golden LEAF Scholarship program. I hereby declare that the information provided on this form is complete and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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