



2023-2024 Scholarship Application

Instructions: Complete this application and return it to the college's Financial Aid Office or the office designated by the college. Eligible students must reside in a rural county that is tobacco dependent, or economically destressed, as determined by the Golden LEAF Foundation

Personal Information:				
Full Name:	Student ID Number:			
Address:		City:	St: _	Zip:
Phone Number:	Email:			
NC County of residence: (To be eligible for an initial award,				
Educational Information:				
Name of Community College you a	are attending:			
Curriculum program you are enrol	led in:			
Workforce Continuing Education c Occupational Continuing Educatio				st 96 hours.)
Other Information:				
Have members of your immediate	family worked for or owned	a farming or ag	gricultural related bu	siness?
Have you or members of your imn manufacturing? yes		d in traditional	industries such as fu	rniture, textiles, or tobacco
Has anyone in your household lost	their job in the past two yea	rs? yes	no	
Has anyone in your household trai	nsitioned from a full-time job	to a part-time	job? yes	_ no
NOTE: To be eligible for this schola Application for Federal Student aid determining the need for this scho	d (FAFSA) is required. For cor			
Applicant Certification:				
I have read and understand the re is complete and correct to the bes		ip/ I hereby de	eclare that the inforn	nation provided on this form
Applicant Signature:			Date:	
Please return this application to the	ne college's Financial Aid Off	ice or the office	e designated by the c	ollege.