

2024-2025 Golden LEAF Community College 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 qualifying county 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:	How long have you lived in	the county listed? Years or
Months? (To be eligible for an initial	al award, your permanent residence mut I	pe in a qualifying county determined by
the Golden LEAF Foundation)		
Educational Information:		
Community College you are atte	ending:	
Curriculum program you are enr	rolled/enrolling in:	
WCE course/pathway you are e	nrolled/enrolling in:	
	a credentialing program that is at least 96	
available at https://nccareers.org/d		-
Other Information:		
Have members of your	immediate family worked for or owne	d a farming or agricultural related
business? yes _	no	
Have you or members of	of your immediate family been employ	ed in traditional industries such as
furniture, textiles, or tob	oacco manufacturing? yes	no
Has anyone in your hou	sehold lost their job in the past two ye	ears? yesno
Has anyone in your hou	sehold transitioned from a full-time jo	b to a part-time job? yes no
Applicant Certification:		
I have read and understand the req	uirements of this scholarship. I hereby de	clare that the information provided on
this form is complete and correct to	o the best of my knowledge.	
Applicant Signature:		Date: