

2025-2026 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. Qualifying counties are 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 many years have you li	ved in the county listed?
Educational Information: Community College you are atten	ding:	
Curriculum program you are enro	lled in:	
WCE course you are enrolled in: _		
	ns toward a credential listed on the Wor	
Credentials list. The latest WCE cred	entials list is available at https://www.n	ccommunitycolleges.edu/college-
	continnuing-education/administrative-re	esources.
Other Information:		
 Have members of your in 	nmediate family worked for or owned	d a farming or agricultural related
business? yes	no	
· · · · · · · · · · · · · · · · · ·	your immediate family been employ	
	cco manufacturing? yes	
	ehold lost their job in the past two ye	
Has anyone in your house	hold transitioned from a full-time jo	b to a part-time job? yes no
Applicant Certification:		
·	rements of this scholarship. I hereby dec	clare that the information provided on
this form is complete and correct to t	he best of my knowledge.	
Applicant Signature:		Date:
Please return signed and completed a		