



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

**Instructions:** Complete this application and return the completed application to the college’s Financial Aid Office. Occupational Education students must also submit a copy of their transcript with the application.

**Personal Information:**

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone 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:**

\_\_\_\_ Occupational Education Student (must be enrolled in a Jobs Now program or 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.

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**Use of Funds:**

Tuition  Fees  Books  Supplies  \*Childcare  \*Transportation

*(\* Students using funds for childcare and/or transportation purposes will be asked to sign a statement. See below.)*

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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.**

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**Use of childcare funds statement:** If selected for funding from the Golden LEAF Scholars Program – Two-Year Colleges, I certify that scholarship funds designated for childcare will be used exclusively while I am attending class in order to fulfill my educational requirements.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Use of transportation funds statement:** If selected for funding from the Golden LEAF Scholars Program – Two-Year Colleges, I certify that scholarship funds designated for transportation will be used exclusively for the purpose of supporting my travel to and from the college where I am enrolled for educational purposes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date