

**North Carolina Community Colleges
 Golden LEAF Scholars Program – Two-Year Colleges
 2020-2021 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, State, Zip Code: _____
 E-Mail Address: _____
 Phone Number: _____ Mobile 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:

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 ____ 1st 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.

Use of Funds:

____ Tuition ____ Fees ____ Books ____ Supplies ____ Credentialing Exams ____ Childcare ____ Transportation

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.
