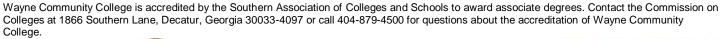


Summer 2019 Deadline: May 6, 2019

Golden LEAF Scholarship amounts vary by semester based on funding and number of applicants.

- Must be at least half-time student enrolled in an eligible program of study.
- 2. Must complete the Free Application for Federal Student Aid (FAFSA) and show evidence of need.
- 3. Must be in good academic standing (meet all requirements for Satisfactory Academic Progress).
- 4. Must complete the attached application to be considered for the Golden LEAF Scholarship. Please return application to the Financial Aid office located in the Wayne Learning Center (WLC) building.
- 5. Type on a separate paper a narrative about you. Describe your accomplishments and any experiences that have influenced your decision to pursue your chosen path. Explain why you should be considered for one of the scholarships.





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NC Community Colleges
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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: 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:
Curriculum Student: GPA1st 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 tobaccomanufacturing? yes no
Has anyone in your household lost their job in the past two years? yesno
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.

Use of Funds:

•	nt: If selected for funding from selected for funding from selected for transportation	n will be used exclu	•
I certify that scholarship funds designate my educational requirements. Applicant's S	Signature		 Date
•			
Use of childcare funds statement: If			
Applicant's S	Signature		Date
I have read and understand the requirement complete and correct to the best of my known	•	eclare that the information	ation provided on this form is
	d/or transportation purposes	are asked to sign th	ne statement(s) below.)
(* Students using funds for childcare an		*Transportation	
Mid-Skills Credentialing Exams (* Students using funds for childcare an	*Childcare	*Transportation	

(This form is for college media release and should be filed at the college. Please do not send this form to the NCCC System Office.)

The Federal Family Education Rights and Privacy Act of 1974 (FERPA) prohibits colleges and universities from providing certain information from student records to third parties. FERPA is a Federal law that protects the privacy of student education records. In general, in order for your college or university to release information protected by FERPA to anyone, other than yourself, you must approve the release.

I have read and understand the requirements for the Golden LEAF Scholars Program – 2 Year Colleges. I understand and agree that if I am selected as a scholarship recipient for the Golden LEAF Scholars Program – 2 Year Colleges, the college can share my name and contact information and information regarding my use of Golden LEAF scholarship funds and my program of study with Golden LEAF for its purposes including monitoring, assessment, implementation, and administration of the scholarship program.

Applicant's signature	Date	
Parent or Guardian's Signature (If applicant is under 18)	Date	
Media Release You must check one of the following options below:		
I approve the release of my information (name, town, scholarship	program of study) for a media release announcing my Golden LE	AF
I do NOT approve the release of my information (n Golden LEAF scholarship	name, town, program of study) for a media release announcing	my
Applicant's signature	Date	
Parent or Guardian's Signature (If applicant is under 18)	Date	

Golden LEAF Scholars Program – Two -Year Colleges Social Security Number Waiver Form

Con	nmunity College:					
Stud	dent Name:					
Colleg number	es, be tracked for graduation and employmenter and physical address which will be used only for	receiving funds from the Golden LEAF Scholars Program – Two-Ynt status. This necessitates submission of a student's social sector this purpose. The Family Education Rights and Privacy Act (FER sion to be given for social security numbers to be used for this purpose.	urity PA)			
Pleas	se check the statement that applies	5:				
		n for my social security number, address, and email address to be us n relation to the Golden LEAF Scholars Program – Two-Year Colleg				
	I do <i>NOT</i> give permission for my social security number nor addresses to be used for any purpose relating to the Golden LEAF Scholars Program – Two-Year Colleges. By checking this option, you will not be eligible for an award.					
-	Student Signature	Date				
	Financial Aid Officer	Date				
	y number must be listed at the bottom of this form Please mail this waiv	dded to the student roster/spreadsheet. However, the student's som; do NOT include the social security number on the student roster. Ver for each selected recipient to: 16 Mail Service Center • Raleigh, NC 27699-5016				
Stud	ent Information					
	*** Please provide ALL nine digits of your social security nu Student's Social Security Number:	umber. ***				
-	Student's Signature	Date				
-	Student's PRINTED Name					