



**North Carolina Community Colleges  
Golden LEAF Scholars Program – Two-Year Colleges  
2019-20 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:**

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 \_\_\_\_ 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    \_\_\_\_ Credentialing Exams  
\_\_\_\_ \*Childcare    \_\_\_\_ \*Transportation

*(\* Students using funds for childcare and/or transportation purposes are asked to sign the statement(s) 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**