

North Carolina Community College’s

Golden LEAF Scholars Program – Two-Year Colleges

Student Application

***Instructions:*** *Occupational Education students must complete this application and return to the Director of Continuing Education in the county for which they are applying.*

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_ Mid-Skills Credentialing Exams

\_\_\_\_ \*Childcare \_\_\_\_\_ \*Transportation

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

Financial Information:

Have you applied or been awarded any other financial assistance? \_\_\_\_ yes \_\_\_\_ no

List the name of the award. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give an explanation of your financial circumstances. List how and why this scholarship will help you.

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List the course you are interested in taking, what credentials will result with your completion and your

ultimate goal . I qualify for consideration for the Golden Leaf Scholarship because:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Check one of the following:

I am employed part time. \_\_\_\_ yes \_\_\_\_ no

I am employed full time. \_\_\_\_ yes \_\_\_\_ no

I have received notification of a layoff. \_\_\_\_ yes \_\_\_\_ no

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am working and eligible for the Federal Income Tax Credit. \_\_\_\_ yes \_\_\_\_ no

I am working and earning wages at or below 200% the Federal Poverty Guidelines. \_\_\_\_ yes \_\_\_\_ no

If you are working, what is your rate of pay per hour? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours per week do you work?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete the following: Rate of Pay $\_\_\_\_\_\_\_\_X (multiply) hours per week=$\_\_\_\_\_\_\_\_ weekly pay

Weekly pay $ \_\_\_\_\_\_\_\_\_X (multiply) 52 week is a year=Estimated annual income $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Income will be compared with the estimated annual income charts applicable to the Federal Poverty Guidelines.*

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.

(*Please attach a copy of either a current pay stub or last year’s tax return before submitting to the Director of Continuing Education in Lee or Harnett County)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

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

College Media Consent Agreement

Golden LEAF Scholars Program – 2 year Colleges

***(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 Date

(If applicant is under 18)

Media Release

You must check one of the following options below:

\_\_\_\_ I approve the release of my information (name, town, program of study) for a media release announcing my Golden LEAF scholarship.

\_\_\_\_ I do NOT approve the release of my information (name, town, program of study) for a media release announcing my Golden LEAF scholarship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Signature Date

(If applicant is under 18)