Eligibility

- Be a permanent resident of Lee or Harnett County which are economically distressed and/or tobacco dependent.

- Demonstrate financial need.

- Occupational Education students must demonstrate financial need and be enrolled in an occupational program of at least 96 hours or more, which leads to a credential or certification.

Application Procedure

Applicants bare the responsibility of completing the Golden Leaf Scholarship application prior to each deadline. Download the application at www.cccc.edu/ecd and return your completed application to the local Director of Continuing Education.

Harnett County Director of Continuing Education
Harnett County Campus
1075 East Cornelius Harnett Blvd.
Lillington, NC 27546
(910) 814-8832

Lee County Director of Continuing Education
Lifelong Learning Center at W.B. Wicker
900 South Vance Street
Sanford, NC 27330
(919) 777-7790

Scholarship funds may be used for tuition, fees, books, supplies, credential testing fees; and with special provisions, childcare and transportation expenses.

For information regarding the Golden Leaf Foundation Scholarship, contact the Student Support Center at ecdcallcenter@cccc.edu or call (919) 718-7500.

Harnett and Lee County residents are eligible for up to $250 a semester for training in Occupational Education through Continuing Education. Qualified students of Lee or Harnett County must be enrolled in or plan to enroll in a course of 96 or more hours leading to an occupational credential or certification. View Continuing Education’s classes online at www.edu/ecd/schedule.
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.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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)