GOLDEN LEAF SCHOLARSHIP PROGRAM

APPLICATION DEADLINE: September 23, 2016

Harnett and Lee County residents are eligible for up to $250 a semester for training in Occupational Education through Continuing Education.

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

View Continuing Education classes online at cccc.edu/ecd/schedule

Eligibility
• Be a permanent resident of Lee County or Harnett County
• Demonstrate financial need
• Occupational Education students must demonstrate financial need
• Must be enrolled in or plan to enroll in a course of 96 or more hours
• This course must start by the application deadline
• This course must lead to an occupational credential or certification

Application Procedure
Applicants bear the responsibility of completing the Golden Leaf Scholarship application prior to each deadline.

Download the application at cccc.edu/ecd and return your completed application to the nearest location:

Harnett County Continuing Education Office
Harnett Main Campus
1075 East Cornelius Harnett Blvd.
Lillington, NC 27546
Phone: (910) 814-8826

Student Support Center
Lee Main Campus
1105 Kelly Drive
Sanford, NC 27330
Phone: (919) 718-7500
Email: ecdcallcenter@cccc.edu

www.cccc.edu
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 Continuing Education Office 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 yrs.   ____ 5 – 10 yrs.   _____ more than 10 yrs
(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: ________________________________________________________________________Course # ________________________________________________________________________

Instructors Name ___________________________   Start date_________   End Date_________

**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:  
☐ Unemployed  ☐ Employed part time  ☐ Employed full time  ☐ I've received notification of a layoff.

Last 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

_____________________________  ____________________________
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
(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, 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
(If applicant is under 18)                      Date
Golden LEAF Scholars Program – Two-Year Colleges
Social Security Number Waiver Form

College: _________________________________________________________________

Student Name: ___________________________________________________________

The Golden LEAF Foundation requires that every student receiving funds from the Golden LEAF Scholars Program – Two-Year Colleges, be tracked for graduation and employment status. This necessitates submission of a student’s social security number and address which will be used only for this purpose. The Family Education Rights and Privacy Act (FERPA) and state law (Session Law 2005-414) require permission to be given for social security numbers to be used for this purpose.

Please check the statement that applies.

_____ I hereby give my permission for my social security number, address, and e-mail address to be used for tracking purposes only in relation to the Golden LEAF Scholars Program – Two-Year Colleges.

_____ I do not 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 _______________________

Financial Aid Officer: Student addresses will be added to the student roster/spreadsheet however, the student’s social security number must be listed on the attached separate page only. Do not include the SS# on the student roster. Please mail both pages of this waiver form for each selected recipient to Karen Yerby, 5016 Mail Service Center, Raleigh, NC 27699.
Golden LEAF Scholars Program – Two-Year Colleges
Social Security Number Waiver Form

College: ________________________________________________________________

Student’s Social Security Number: ____________ -- ____________ -- ____________

___________________________________________  _____________________________
Student Signature                                      Date