Spring 2017

North Carolina Community Colleges
Golden LEAF Scholars Program – Two-Year Colleges

**Instructions:** Complete the following application and return to the college’s Financial Aid Office.

**Application Deadline:** March 1, 2017  March 7, 2017

**Contact:** For additional information or assistance, please contact Financial Aid Specialist, Amber Werkheiser at (919) 718-7311 or awerk672@cccc.edu.
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:

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  _____ 1st 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.
____________________________________________________________________________________
____________________________________________________________________________________

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.)
____________________________________________________________________________________

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.

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
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

______________________________
Parent or Guardian's Signature
(If applicant is under 18)

______________________________
Applicant's signature

______________________________
Parent or Guardian's Signature
(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
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