

North Carolina Community Colleges Golden LEAF Scholars Program – Two-Year Colleges 2023-24 Student Application

Instructions: Complete this application and return the completed application to the college's Financial Aid Office.

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:
Are you currently employed? yes no pending layoff (If yes, continue to next line)
Your Household Size \$ Your 2022 Adjusted Gross Income (Or Annual wage)
Curriculum Student: GPA1st 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

	rs? yesno
Has anyone in your household transitioned from a full-time job	to a part-time job? yes r
Please list all campus and community service activities you are	currently involved in.
Use of Funds:	
Tuition Fees Books Supplies *Childcare *Transportation (* Students using funds for childcare and/or transportation purp below.)	-
I have read and understand the requirements for assistance. I he this form is complete and correct to the best of my knowledge.	reby declare that the information provid
	——————————————————————————————————————
Applicant's Signature Please return the completed application to the	Date college's Financial Aid Office.
Applicant's Signature Please return the completed application to the Use of childcare funds statement: If selected for funding fro Year Colleges, I certify that scholarship funds designated for childcare funds are considered for childcare funds.	college's Financial Aid Office. m the Golden LEAF Scholars Program
Applicant's Signature	college's Financial Aid Office. m the Golden LEAF Scholars Program
Applicant's Signature Please return the completed application to the Use of childcare funds statement: If selected for funding fro Year Colleges, I certify that scholarship funds designated for chattending class in order to fulfill my educational requirements.	m the Golden LEAF Scholars Program hildcare will be used exclusively while I Date



The Golden LEAF Scholarship Program Photograph and Publicity Release Form

I,	be embodied in any pictures, photos, e, taken or made on behalf of <i>Golden</i> as complete ownership of such e them for any purpose consistent with ude, but are not limited to illustrations, e, publications, advertisements, and		
I acknowledge that I will not receive any compensation for hereby release the NCCCCS, Golden LEAF and its ager claims which arise out of or are in any way connected with the control of t	nts and assigns from any and all		
I have read and understood this consent and release.			
I give my consent to the North Carolina Community Co LEAF to use my name and likeness to promote the Gold education, and/or their activities.			
Signature	date		
Parent/Legal guardian (if age 17)	date		
I do not give my consent to the North Carolina Community College System (NCCCS) and Golden LEAF to use my name and likeness to promote the Golden LEAF Scholarship program, and/or their activities.			
Signature	date		
Parent/Legal guardian (if age 17)	date		