



Complete this application and return it to the college's Financial Aid Office or the office designated by the college.

STUDENT INFORMATION:

Full Name: _____ Student ID Number: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone Number: _____ Email: _____

NC County of residence: _____ How long have you lived in the county listed? _____

CITIZENSHIP STATUS: (Select one):

___ U.S. Citizen/National

___ Eligible Noncitizen: (Alien Registration Number/ A-Number required below)

___ Neither U.S. citizen nor eligible non-citizen

Eligible noncitizens must enter A-number: **A** _____

Eligibility Statement: Applicants must be a U.S. citizen, a U.S. national, or an eligible non-citizen to qualify for the Golden LEAF Community Colleges Scholarship. Applicants selecting 'Neither U.S. citizen nor eligible non-citizen' are not eligible for award consideration.

EDUCATION:

Community College attending: _____

Enrollment Type: (Select one):

___ Curriculum Program (List the program you are enrolled in): _____

___ Workforce Continuing Education (WCE) Course (List the course you are enrolled in): _____

___ Your Household Size \$ _____ Your 2025 Adjusted Gross Income (Or Annual Wage)

(Note: WCE courses must train toward a credential listed on the WCE Credentials list at <https://nccareers.org>).

FAMILY & ECONOMIC BACKGROUND:

Have members of your immediate family worked for or owned a farming or agricultural related business? ___ 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

APPLICANT CERTIFICATION AND SIGNATURE:

I have read and understand the requirements of this scholarship. I hereby declare that the information provided on this form, including my citizenship status, is complete and correct to the best of my knowledge. I understand that providing false information may result in the forfeiture or repayment of scholarship funds.

Applicant Signature: _____ **Date:** _____