



**Instructions:** Complete this application and return it to the college's Financial Aid Office. Eligible students must reside in a qualifying county as determined by the Golden LEAF Foundation

## Personal Information:

Full Name:		Student ID Number:	
Address:	City:	S	St: Zip:
Phone Number:	_Email:		
NC County of residence: (To be eligible for an initial award, your per LEAF Foundation)			
Educational Information: Community College you are attending	:		
Curriculum program you are enrolled/	enrolling in:		
Continuing Education course/pathway	/ you are enrolled/	enrolling in:	
Your Household Size	\$Yc	ur 2023 Adjusted Gross Ind	come (Or Annual Wage)
Continuing Education students m <i>ust be el</i> eligible credentials is available at <u>https://r</u>			96 hours. The list of
Other Information:			

- 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:**

I have read and understand the requirements of this scholarship. I hereby declare that the information provided on this form is complete and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_\_