



**North Carolina Community Colleges
Golden LEAF Scholars Program – Two-Year Colleges
Student Application
Continuing Education**

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

**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

Attachment VIII

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