



**North Carolina Community Colleges
Golden LEAF Scholars Program – Two-Year Colleges
2020-2021 Student Application**

Instructions: Complete this application and return the completed application to the college’s Financial Aid Office. Eligible students must reside in a rural county that is tobacco dependent, or economically distressed, as determined by the Golden LEAF Foundation (Please see your school’s financial aid office for a list of 2020-2021 Qualifying Counties).

Personal Information:

Full Name: _____

Student ID 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, if any.

Use of Funds:

___ Tuition ___ Fees ___ Books ___ Supplies ___ Credentialing Exams
___ Childcare ___ Transportation

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.



**The Golden LEAF Scholarship Program
Photograph and Publicity Release Form**

I, _____, hereby give my college, the North Carolina Community College System (NCCCS) and Golden LEAF, permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of *Golden LEAF Scholarship* activities. I agree that the NCCCS has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the organization’s education missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet.

I acknowledge that I will not receive any compensation for the use of such pictures, etc., and hereby release the *NCCCS, Golden LEAF* and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I 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, 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