



## Nash Community College Continuing Education Golden Leaf Scholarship Authorization Form

**Application Deadline** \_\_\_\_\_

**STUDENT MUST SUBMIT INCOME TAX FORMS or TAX WAIVER TO BE CONSIDERED FOR SCHOLARSHIP. (Step 3 Below)** \_\_\_\_\_

Student: \_\_\_\_\_ Email: \_\_\_\_\_

CE Term: \_\_\_\_\_ Datatel ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Class Title: \_\_\_\_\_ Class #: \_\_\_\_\_

Datatel Sponsor Codes in STSP	Description	Fees (Con. Ed. Office)	Approved Amount (Fin. Aid Office)
CEDOE	Registration Fee		
SECCE	Campus Security Fee		
ACCFE	Campus Insurance Fee		
MALPR	Liability Insurance		
BOOKS	Textbook(s)		
BKTAX	Textbook tax (6.75%)		
BUNIF	Uniforms		
BSUP	Supplies		
Form Revised 12/6/12	<b>Scholarship Total (\$250.00 Max.)</b>		

Continuing Education: Processed By \_\_\_\_\_ Date \_\_\_\_\_

Dean, Continuing Education \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid Officer / Direct Loan Officer \_\_\_\_\_ Date \_\_\_\_\_

Student meets eligibility criteria /approved.       Student does not meet eligibility criteria/not approved.

**Con. Ed. Office Use Only**      Student will complete / submit forms 1-3:

- \_\_\_\_\_ 1. Golden Leaf Application (all 5 pages)
- \_\_\_\_\_ 2. Con. Ed. Registration Form
- \_\_\_\_\_ 3. Tax Form (student's or parent/guardian) for current year OR last year. **If no taxes filed, student must call IRS at 1-800-829-1040 to request non-file status verification and submit it in place of tax form. IF student is on disability and did not file taxes, a disability statement can be submitted in place of tax form and/or non-file verification,**
- \_\_\_\_\_ 4. This Golden Leaf Scholarship Authorization Form to be completed by CE staff person who assisted student.
- \_\_\_\_\_ 5. Forward all forms above to Carla Dunston for signature.
- \_\_\_\_\_ 6. Forward G.L. Forms to Heather Perry to include this Auth. Form, 6 page scholarship form, and tax forms
- \_\_\_\_\_ 7. File Registration Form and copies of all paperwork in class file.
- \_\_\_\_\_ 8. Heather Perry will email approval or denial to Business Office staff and Con. Ed. office staff.
- \_\_\_\_\_ 9. Staff person who assisted student, input sponsorship (STSP) and registration (RGN) in Datatel \_\_\_\_\_ Date sponsorship input \_\_\_\_\_ Date registered in Datatel

**For Fire & Health Service classes, forward paperwork to Fire/Health Services Admin. Assistant, who will process scholarship authorization form and paperwork and forward forms to financial aid, file registration paperwork in class file, and input STSP and RGN in Datatel if student is approved.**

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

**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 \_\_\_\_ 1<sup>st</sup> 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.

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**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.)*

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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.**

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**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**

**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

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**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**

Student's Social Security Number: \_\_\_\_\_--\_\_\_\_\_-\_\_\_\_\_-

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Federal TRIO Programs  
Current-Year Low-Income Levels**

(Effective **January 24, 2013** until further notice)

<b>Size of Family Unit</b>	<b>48 Contiguous States, D.C., and Outlying Jurisdictions</b>	<b>Alaska</b>	<b>Hawaii</b>
<b>1</b>	\$17,235	\$21,525	\$19,845
<b>2</b>	\$23,265	\$29,070	\$26,775
<b>3</b>	\$29,295	\$36,615	\$33,705
<b>4</b>	\$35,325	\$44,160	\$40,635
<b>5</b>	\$41,355	\$51,705	\$47,565
<b>6</b>	\$47,385	\$59,250	\$54,495
<b>7</b>	\$53,415	\$66,795	\$61,425
<b>8</b>	\$59,445	\$74,340	\$68,355

For family units with more than eight members, add the following amount for each additional family member: \$6,030 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$7,545 for Alaska; and \$6,930 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the [Federal Register](#), Vol. 78, No. 16, January 24, 2013, pp. 5182-5183.

[TRIO Home](#) | [Prior-Year Low-Income Levels](#)

**INSTRUCTIONS: Student should circle above the number of people living in the household and sign / date below.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date