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.
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
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                  Date
(If applicant is under 18)

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                  Date
(If applicant is under 18)
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.
College: __________________________________________________________

Student’s Social Security Number: _________ -- _________ -- _________

___________________________________________ ___________________
Student Signature      Date