



**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 \_\_\_\_ 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, if any.

**Use of Funds:**

\_\_\_\_ Tuition    \_\_\_\_ Fees    \_\_\_\_ Books    \_\_\_\_ Supplies    \_\_\_\_ Credentialing Exams    \_\_\_\_  
Childcare    \_\_\_\_ Transportation

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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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**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

**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.*

**Golden LEAF Scholars Program – Two-Year Colleges  
Social Security Number Waiver Form**

College: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date