

## Golden LEAF Scholars Program-Two-Year Colleges Scholarship

### **Description**

Golden LEAF Scholars Program-Two-Year Colleges assists students and their families with the costs associated with higher education. The grant will assist selected students with scholarships to help cover the cost of tuition, fees, books, supplies, credentialing tests, transportation, and childcare. The goal is to assist the citizens of North Carolina who reside in rural counties designated as tobacco dependent and/or economically distressed communities by providing financial assistance to aid their educational and training endeavors. Golden LEAF Scholars Program-Two-Year Colleges provides financial support for North Carolinians seeking to improve the economic situation of their families through enrollment in training for specific employment (continuing education students). The maximum for continuing education students will be \$250 per term. The scholarship funds are limited to tuition, books, fees, supplies, credential testing fees for mid-skills training courses, and childcare services and transportation necessary to fulfill a student's educational requirements. Students using funds for transportation and childcare purposes will be asked to sign a statement regarding usage.

### **Student Eligibility Requirements**

Eligible students must (1) demonstrate financial need and (2) reside in a rural county that is tobacco dependent and/or economically distressed (Tier 1 or Tier 2 under the 3-Tier designation). A scholarship recipient who resides in an eligible county upon initial award will retain eligibility and will be eligible for renewal awards as long as the student's place of residence is within the state of North Carolina. . Eligible students may receive an award for each funded term" Financial aid offices will determine their application procedures for receiving awards for subsequent terms. Selected students will be required to disclose all financial aid awards as dictated by college financial aid offices for award packaging. Golden LEAF Scholarships will not displace governmental grants, e.g. Pell grants, for which the student may be eligible (may displace loan funds). Occupational continuing education students must demonstrate a need under the federal TRIO formula and be enrolled in a career pathways program or a course that is scheduled for at least 96 hours and leads to a state and national credential. Students without demonstrated incomes may use alternative documentation from their county's Department of Social Services, Local/Public Housing Authority, and/or local homeless shelters to prove eligibility.

### **Student Selection Consideration**

Applicants will be selected based on financial need and county of residence. Other selection factors include:

The effect of the declining economy on his or her family:

- Owned or employed in farming/agriculture
- Owned or employed in traditional industries (such textile or furniture manufacturing)
- Household member lost their job or gone from full-time to part-time employment.

Academic performance.

Campus activities and community service.

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### **Application Process**

Students will file the Golden LEAF Scholars Program - Two-Year Colleges application for the targeted academic terms. Applications will be filed with the college financial aid offices. Timing for the selection process is determined by the award policies and procedures of each college. Financial aid offices will work with Continuing Education Departments to determine the awards periods for those students.



**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**

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

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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**

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

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

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

\_\_\_\_\_  
Date