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).

- Golden LEAF Scholarships will not displace governmental grants, e.g. Pell grants, for which the student may be eligible (may displace loan funds).

- Curriculum students will be selected based on their financial need as reported in their Free Application for Student Assistance (FAFSA).

- Degree seeking students must be enrolled as a full-time student in order to receive the maximum scholarship award.

- Grants for less than full-time will be prorated based on hours of enrollment and pending availability of funds.

- Should a student become ineligible to use any semester’s scholarship award, those funds will be awarded to other qualified students within the same institution during that semester.

Incomplete or Late Applications Will Not Be Considered

Applications That Are Not Legible Will Not Be Considered

Due:

To financial aid by 5:00 pm, October 1, 2012
Instructions: Complete this application and return the completed application to the college’s Financial Aid Office.

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       _____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.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Use of Funds:

____ Tuition  ____ Fees  ____ Books  ____ Supplies  ____ Credentialing Exams
____ *Childcare  ____ *Transportation

(* Students using funds for childcare and/or transportation purposes are asked to sign the statement(s) below.)

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.

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

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

_________________________________________  __________________
Student Signature  Date