

**Golden Leaf Scholarship Application**

**Curriculum**

**Due date**

**August 30, 2018**

(Fall 2018)

**Golden LEAF Scholars Program – Two-Year Colleges  
2018-19 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.

**Use of Funds:**

<input type="checkbox"/>	_ Tuition	==	Fees	_ Books	—	Supplies	—	Credentialing Exams
<input type="checkbox"/>	_____ *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**

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

College: James Sprunt Community 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**

College: James Sprunt Community College

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

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

\_\_\_\_\_  
Date

## **Consent Form**

I hereby authorize James Sprunt Community College and the North Carolina Community College System to share my name and address with one another and to release my name and address to Golden Leaf Foundation (scholarship sponsor) and the news media if I am awarded the Golden Leaf Scholarship.

I understand that the Federal Educational Rights and Privacy Act of 1974 may prevent any disclosure of this information if I chose not to execute this release.

\_\_\_\_\_  
Recipient's Signature

\_\_\_\_\_  
Date