The Golden LEAF Scholars Program – Two-Year Colleges will provide grants of up to $750 per semester, including summer term, for curriculum students and up to $250 per term for occupational education students to assist with tuition, fees, books, supplies, childcare, and transportation expenses and credential testing fees for mid-skill training courses. Community colleges choose to participate in the program annually so eligible students must attend a participating community college.

**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/see chart below). 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.
- 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.
- Occupation Continuing Education students must demonstrate a need under the federal TRIO formula and be enrolled in a Jobs Now program or a credentialing program of at least 96 hours.
- 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.
- Students using funds for transportation purposes will be asked to sign a statement regarding their travel to and from the college.
Golden LEAF Scholars Program – Two-Year Colleges  
2014 – 2015 Eligible Counties

<table>
<thead>
<tr>
<th>County</th>
<th>Eligible Count</th>
<th>County</th>
<th>Eligible Count</th>
<th>County</th>
<th>Eligible Count</th>
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<tbody>
<tr>
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<td>Watauga</td>
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<td>Yancey</td>
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Federal TRIO Programs (Continuing Ed.)
Current-Year Low-Income Levels

(Effective January 28, 2014 until further notice)

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>48 Contiguous States, D.C., and Outlying Jurisdictions</th>
<th>Alaska</th>
<th>Hawaii</th>
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<tr>
<td>1</td>
<td>$17,505</td>
<td>$21,870</td>
<td>$20,130</td>
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<tr>
<td>2</td>
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<td>$29,490</td>
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<tr>
<td>3</td>
<td>$29,685</td>
<td>$37,110</td>
<td>$34,140</td>
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<tr>
<td>4</td>
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<td>$44,730</td>
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<td>5</td>
<td>$41,865</td>
<td>$52,350</td>
<td>$48,150</td>
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<tr>
<td>6</td>
<td>$47,955</td>
<td>$59,970</td>
<td>$55,155</td>
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<tr>
<td>7</td>
<td>$54,045</td>
<td>$67,590</td>
<td>$62,160</td>
</tr>
<tr>
<td>8</td>
<td>$60,135</td>
<td>$75,210</td>
<td>$69,165</td>
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</tbody>
</table>

For family units with more than eight members, add the following amount for each additional family member: $6,090 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; $7,620 for Alaska; and $7,005 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register on January 22, 2014.
Student Selection Considerations

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 business
  - Owned or employed in traditional industries (such as 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

Application Process

- CFNC will post the application on its website with other scholarship applications.
- Students will complete 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 Occupational Continuing Education Departments to determine the awards periods for those students.
- Applicants bear full responsibility for completing the Golden LEAF application prior to each deadline.

Application Deadline: November 10th at Noon
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           _____ 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     ____ Mid-Skills 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

**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

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

___________________________________________  _________________
Student 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