



Instructions: Complete this application and return it to the college's Financial Aid Office or the office designated by the college. Eligible students must reside in a qualifying county as determined by the Golden LEAF Foundation

Personal Information:

Full Name:	Student ID Number:		
Address:	City:	St:Zip: _	
Phone Number:			
NC County of residence:	How long have y	ou lived in the county listed	?
(To be eligible for an initial award, your pe Foundation)	ermanent residence mut be in a qua	alifying county determined by the time of the second s	he Golden LEAF
Educational Information:			
Community College you are attending:	:		
Curriculum program you are enrolled/ WCE course/pathway you are enrolled WCE students must be enrolled in a creder https://nccareers.org/credentials.	d/enrolling in:		
Other Information:			
Have members of your immed	liate family worked for or owned	d a farming or agricultural re	lated business? _
yes no			
 Have you or members of your textiles, or tobacco manufactu 	immediate family been employ uring? yes no	ed in traditional industries su	uch as furniture,
Has anyone in your household	l lost their job in the past two ye	ars? yesno	
Has anyone in your household	I transitioned from a full-time jo	b to a part-time job? yes	s no

Applicant Certification:

I have read and understand the requirements of this scholarship. I hereby declare that the information provided on this form is complete and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____ Date: _____