



2024-2025 Golden LEAF Community College  
Scholarship Application



**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: \_\_\_\_\_ Email: \_\_\_\_\_

NC County of residence: \_\_\_\_\_ How long have you lived in the county listed? \_\_\_\_\_  
(To be eligible for an initial award, your permanent residence must be in a qualifying county determined by the Golden LEAF Foundation)

**Educational Information:**

Community College you are attending: \_\_\_\_\_

Curriculum program you are enrolled/enrolling in: \_\_\_\_\_

WCE course/pathway you are enrolled/enrolling in: \_\_\_\_\_

WCE students *must be enrolled in a credentialing program that is at least 96 hours*. The list of eligible credentials is available at <https://nccareers.org/credentials>.

**Other Information:**

- Have members of your immediate family worked for or owned a farming or agricultural related business? \_\_\_ 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

**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:** \_\_\_\_\_