



2025-2026 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. Qualifying counties are 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? \_\_\_\_\_

**Educational Information:**

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

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

WCE course you are enrolled in: \_\_\_\_\_

*Must be enrolled in a course that trains toward a credential listed on the Workforce Continuing Education Credentials list. The latest WCE credentials list is available at <https://www.nccommunitycolleges.edu/college-faculty-staff/academics/workforce-continuing-education/administrative-resources>.*

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

Colleges may set additional criteria to select students for the Golden LEAF scholarship.