

Golden Leaf Scholarship Application

Curriculum

Due date

March 15, 2019

(Spring 2019)

**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 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:

<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.)

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: 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