



**2023-2024 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 rural county that is tobacco dependent, or economically distressed, 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 Golden LEAF)

**Educational Information:**

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

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

Workforce Continuing Education course/program you are enrolled in: \_\_\_\_\_  
Occupational Continuing Education Student (must be enrolled in a credentialing program of at least 96 hours.)

**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

NOTE: To be eligible for this scholarship, students must demonstrate need. For curriculum students, completion of the Free Application for Federal Student aid (FAFSA) is required. For continuing education students, colleges will establish practices for determining the need for this scholarship.

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

Please return this application to the college's Financial Aid Office or the office designated by the college.