

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:			
(To be eligible for an initial award, your pe LEAF Foundation)			
Educational Information:			
Community College you are attending	g:		
Curriculum program you are enrolled	/enrolling in:		
WCE course/pathway you are enrolle	ed/enrolling in:		
WCE students must be enrolled in a cred available at https://nccareers.org/creder	lentialing program that is at least		is
Other Information:			
 Have members of your imme- business? yes n 		ned a farming or agricultural related	
 Have you or members of your furniture, textiles, or tobacco 		oyed in traditional industries such as no	ŀ
 Has anyone in your household 	d lost their job in the past two	years? yesno	
		g job to a part-time job? yes r	no
Applicant Certification:			
have read and understand the requireme his form is complete and correct to the b		declare that the information provided on	No.
Applicant Signature:		Date:	