



### 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:**

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: \_\_\_\_\_



## Golden Leaf Scholarship Application Addendum

---

Name:

How many adults (18 and over) live in your household:

How many individuals TOTAL live in the household:

What is the total gross income for all working adults in the household:

Where do you work:

How often do you get paid:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_