Golden LEAF Scholars Program

Potential candidates must meet the following guidelines:

- Resident of a NC county listed on Attachment I
- Meet the Federal TRIO Program requirement listed on Attachment II
- Provide a 2014 Federal Tax Return – if you did not work during 2014, please complete a Non-Employment Attestation form at the Workforce Development Center
- Provide a working email address

Maximum award amount is $250.00

Deadline for application:
Friday, September 18 at 12:00 pm

Application must be submitted to:
Workforce Development Center
135 Best Wood Drive, Clayton, NC
North Carolina Community Colleges
Golden LEAF Scholars Program – Two-Year Colleges
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:

____ Tuition     ____ Fees     ____ Books     ____ Supplies     ____ Mid-Skills Credentialing Exams
____ *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
College Media Consent Agreement
Golden LEAF Scholars Program– 2 year Colleges

(This form is for college media release and should be filed at the college. PLEASE DO NOT SEND THIS FORM TO THE NCCC SYSTEM OFFICE.)

The Federal Family Education Rights and Privacy Act of 1974 (FERPA) prohibits colleges and universities from providing certain information from student records to third parties. FERPA is a Federal law that protects the privacy of student education records. In general, in order for your college or university to release information protected by FERPA to anyone, other than yourself, you must approve the release.

I have read and understand the requirements for the Golden LEAF Scholars Program – 2 Year Colleges. I understand and agree that if I am selected as a scholarship recipient for the Golden LEAF Scholars Program – 2 Year Colleges, the college can share my name and contact information and information regarding my use of Golden LEAF scholarship funds and my program of study with Golden LEAF for its purposes including monitoring, assessment, implementation, and administration of the scholarship program.

______________________________   _______________
Applicant's signature                   Date

______________________________   _______________
Parent or Guardian's Signature                  Date
(If applicant is under 18)

Media Release
You must check one of the following options below:

__ I approve the release of my information (name, town, program of study) for a media release announcing my Golden LEAF scholarship
__ I do NOT approve the release of my information (name, town, program of study) for a media release announcing my Golden LEAF scholarship

______________________________   _______________
Applicant's signature                   Date

______________________________   _______________
Parent or Guardian's Signature                  Date
(If applicant is under 18)
Golden LEAF Scholars Program – Two-Year Colleges
Social Security Number Waiver Form

College:  Johnston 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

Financial Aid Officer:  Student addresses will be added to the student roster/spreadsheet however, the student’s social security number must be listed on the attached separate page only. Do not include the SS# on the student roster. Please mail both pages of this waiver form for each selected recipient to Karen Yerby, 5016 Mail Service Center, Raleigh, NC 27699.
Golden LEAF Scholars Program – Two-Year Colleges
2015 – 2016 Eligible Counties

Alexander – 2  Graham – 1  Perquimans - 1
Allegany – 1  Granville – 2  Person – 2
Anson – 1  Greene – 1  Pitt – 2
Ashe – 1  Halifax – 1  Polk – 2
Avery – 2  Harnett – 2  Randolph – 2
Beaufort – 1  Haywood – 3  Richmond - 1
Bertie – 1  Hertford – 1  Robeson – 1
Bladen – 1  Hoke – 2  Rockingham – 1
Burke – 2  Hyde – 1  Rutherford – 1
Caldwell – 2  Jackson – 1  Sampson – 2
Camden – 1  Johnston – 3  Scotland – 1
Carteret – 3  Jones – 1  Stanly – 2
Caswell – 1  Lee – 2  Stokes – 2
Cherokee – 2  Lenoir – 1  Surry – 1
Chowan – 1  Lincoln – 3  Swain – 1
Clay – 1  Macon – 1  Transylvania – 2
Cleveland – 2  Madison – 2  Tyrrell – 1
Columbus – 1  Martin – 1  Vance – 1
Craven – 2  McDowell – 2  Warren – 1
Currituck – 2  Mitchell – 2  Washington – 1
Dare – 2  Montgomery –1  Watauga – 3
Davie – 2  Nash - 1  Wayne - 2
Duplin – 2  Northampton -1  Wilkes - 2
Edgecombe - 1  Onslow – 2  Wilson - 1

Note: Pender has been added as an eligible county. Ashe, Macon and Nash have changed from Tier 2 to Tier 1, Burke, Caldwell, Hoke and Mitchell changed from Tier 1 to Tier 2. Haywood changed from Tier 2 to Tier 3.

Scholarships are limited to students who demonstrate financial need and reside in a rural county that is tobacco dependent and/or economically distressed (*Tier 1 or Tier 2 under the 3-Tier designation). A scholarship recipient who resides in an eligible county upon initial award will retain eligibility and will be eligible for renewal awards as long as the student’s place of residence is within the state of North Carolina and the other scholarship eligibility criteria are met.

County status for CY2015-2016 Last update 12/4/14
Federal TRIO Programs
Current-Year Low-Income Levels

(Effective January 28, 2015 until further notice)

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>48 Contiguous States, D.C., and Outlying Jurisdictions</th>
<th>Alaska</th>
<th>Hawaii</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$17,655</td>
<td>$22,080</td>
<td>$20,325</td>
</tr>
<tr>
<td>2</td>
<td>$23,895</td>
<td>$29,880</td>
<td>$27,495</td>
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<td>3</td>
<td>$30,135</td>
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<td>4</td>
<td>$36,375</td>
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</tr>
<tr>
<td>5</td>
<td>$42,615</td>
<td>$53,280</td>
<td>$49,005</td>
</tr>
<tr>
<td>6</td>
<td>$48,855</td>
<td>$61,080</td>
<td>$56,175</td>
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<tr>
<td>7</td>
<td>$55,095</td>
<td>$68,880</td>
<td>$63,345</td>
</tr>
<tr>
<td>8</td>
<td>$61,335</td>
<td>$76,680</td>
<td>$70,515</td>
</tr>
</tbody>
</table>

For family units with more than eight members, add the following amount for each additional family member: $6,240 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; $7,800 for Alaska; and $7,170 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register on January 22, 2015.