

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 **SIGNED 2019** Federal Tax Return
 - ***If you did **not** work during 2019, please complete a Non-Employment Attestation form (see attached checklist).
 - ***If you worked during 2019, but did **not** file taxes, please complete a Student Non-Tax Filer Attestation form (see attached checklist) and submit a copy of your 2019 W-2s.
- Provide **completed** Golden LEAF application **and** all attached waivers
- Provide a **working** email address for correspondence

Award amounts may vary depending upon availability.

**Maximum award amount will not exceed
\$1000.00**

Deadline for application:

Thursday, February 25, 2020 at 5:00 pm

Application **must** be submitted to:

Workforce Development Center

135 Best Wood Drive, Clayton, NC

OR

**JCC Front Desk Receptionist at the Wilson Building
Main Campus**



**North Carolina Community Colleges
Golden LEAF Scholars Program – Two-Year Colleges
2020-2021 Student Application**

Instructions: Complete this application and return the completed application to the college's Financial Aid Office. Eligible students must reside in a rural county that is tobacco dependent, or economically distressed, as determined by the Golden LEAF Foundation (Please see your school's financial aid office for a list of 2020-2021 Qualifying Counties).

Personal Information:

Full Name: _____

Student ID 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, if any.

Use of Funds:

___ Tuition ___ Fees ___ Books ___ Supplies ___ Credentialing Exams

___ Childcare ___ Transportation

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
(If applicant is under 18)**

Date

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
(If applicant is under 18)**

Date

**Golden LEAF Scholars Program – Two-Year Colleges
Social Security Number Waiver Form**

College: **JOHNSTON COMMUNITY COLLEGE**

Student Name: _____

The Golden LEAF Foundation requires 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 physical 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 at the bottom of this form; do NOT include the social security number on the student roster.*

**Please this waiver for each selected recipient to:
NCCCS, Melissa R. Lentz, 5016 Mail Service Center, Raleigh, NC 27699-5016**

Student Information

***** Please provide ALL nine digits of your social security number. *****

Student’s Social Security Number: _____--_____--_____

Student’s Signature

Date

Student’s PRINTED Name

Number of Household Members

Student Name: _____

List below the people in the student's household. Include:

- The student
- The student's spouse, if the student is married.
- The student's or spouse's children, if the student or spouse provide more than half of the children's support and will continue to provide more than half the support through June 30, 2019.
- Other people if they now live with the student and the student or spouse provides more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2019.

Full Name	Age	Relationship

**Johnston Community College
Continuing Education Golden LEAF Reimbursement Checklist
(with Non-Tax Filer Attestation & Student Non-Employment Attestation
Form)**

Student Name: _____

The following have been provided (check all that apply):

Completed application

All waivers

Number in Household Form

Copy of signed 2019 tax return (***W-2s alone are NOT acceptable***)

OR

Signed "Non-Tax Filer Attestation" with 2019 W-2s or "Student Non-Employment Attestation"

I affirm I have completed, in full, all criteria required for this application. And, all information provided is true and accurate to the best of my knowledge.

Student signature: _____ Date: _____

Non-Tax Filer Attestation

I, _____, affirm **I did not file taxes for 2019.**
(print first & last name)

Student signature: _____ Date: _____

Student Non-Employment Attestation

I, _____, affirm I was **NOT** employed during the 2019
(print first & last name)
tax year and did **NOT** receive any government assistance (ex. SAP, TANF, WIC, disability, etc).

Student signature: _____ Date: _____



**Golden LEAF Scholars Program – Two Year Program
Qualifying Counties**

Alamance	Granville	Person
Alexander	Greene	Pitt
Alleghany	Halifax	Randolph
Anson	Harnett	Richmond
Ashe	Haywood	Robeson
Avery	Hertford	Rockingham
Beaufort	Hoke	Rowan
Bertie	Hyde	Rutherford
Bladen	Jackson	Sampson
Burke	Johnston	Scotland
Caldwell	Jones	Stanly
Camden	Lee	Stokes
Caswell	Lenoir	Surry
Catawba	Lincoln	Swain
Cherokee	Macon	Transylvania
Chowan	Madison	Tyrell
Clay	Martin	Vance
Cleveland	McDowell	Warren
Columbus	Mitchell	Washington
Craven	Montgomery	Wayne
Davidson	Nash	Wilkes
Davie	Northampton	Wilson
Duplin	Onslow	Yadkin
Edgecombe	Onslow	Yancey
Franklin	Pasquotank	
Gates	Pender	
Graham	Perquimans	

Scholarships are limited to students who demonstrate financial need and reside in a rural county that is economically distressed and/or tobacco dependent. 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.

Federal TRIO Programs Current-Year Low-Income Levels

(Effective **January 28, 2015** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions
1	\$18,090
2	\$24,360
3	\$30,630
4	\$36,900
5	\$43,170
6	\$49,440
7	\$55,710
8	\$61,980

For family units with more than eight members, add the following amount for each additional family member: \$4,180 for the 48 contiguous states, the District of Columbia and outlying jurisdictions.

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.