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Description automatically generated**2025-2026 Golden LEAF Community College Scholarship Application - Fall 2025**

Deadline: September 13, 2025

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you lived in the county listed? \_\_\_\_\_\_\_

(To be eligible for an initial award, your permanent residence mut be in a qualifying county determined by the Golden LEAF Foundation)

**Educational Information:**

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

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

WCE course/pathway you are enrolled/enrolling in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WCE students m*ust be enrolled in a credentialing program that is at least* *96 hours.* The list of eligible credentials is available at <https://nccareers.org/credentials>.

**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

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