



2025-2026 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: _____ How long have you lived in the county listed? _____

Educational Information:

Community College you are attending: _____

Curriculum program you are enrolled/enrolling in: _____

WCE course/pathway you are enrolled/enrolling in: _____

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

- 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:** _____



PIEDMONT COMMUNITY COLLEGE

Person County Campus, PO Box 1197, 1715 College Drive, Roxboro, NC 27573
Caswell County Campus, PO Box 1150, 331 Piedmont Drive, Yanceyville, NC 27379

Tuition and Fee Waiver Verification Statement and Signature

Official Name: _____ **Suffix:** _____
Last First Middle Jr., Sr., III, IV

Address:

Street/PO Box City State Zip County of Residence

Phone: Home _____ **Cell** _____ **Work** _____

The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in classes coded in the Master Course List as Human Resources Development if the individual meets one of four criteria listed below. To receive this waiver, an individual must verify that he or she meets at least one of the criteria by completing and signing this form. Individuals not signing this form must pay the applicable fee to register for a Continuing Education course.

I qualify for a tuition and fee waiver under the following criteria: (PLEASE CHECK ONE OPTION).

1. _____ I am currently unemployed.
2. _____ I have received notification of a pending layoff.

Federal Earned Income Tax Credit (page 2)

3. _____ I am working & eligible for the **Federal Earned Income Tax Credit**.

200% of the Federal Poverty Guidelines (page 2)

4. _____ I am working & earn wages at or below 200% of the **Federal Poverty Guidelines**.

I hereby verify that all the information given by me as written on this Registration Form and on this Tuition and Fee Waiver Statement is complete and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

2024: FEDERAL EARNED INCOME TAX CREDIT

Federal Earned Income Tax Credit

Criteria	Earned Income Threshold
Individual	\$18,591
Worker with one qualifying child	\$49,084
Worker with two qualifying children	\$55,768
Worker with three or more qualifying children	\$59,899

2025: 200% OF THE FEDERAL POVERTY GUIDELINES

200% of the Federal Poverty Guidelines

Family Unit	200% of Poverty Guidelines*
1	\$30,000
2	\$40,000
3	\$50,000
4	\$60,000
5	\$70,200
6	\$80,000
7	\$90,000
8	\$100,000
For each additional person, add \$10,000	



**Scholarship Program
Photograph and Publicity Release Form**

I, _____, hereby give my college, the North Carolina Community College System (NCCCS) and scholarship donor, permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the donor's activities. I agree that the NCCCS has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the organization's education missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet.

I acknowledge that I will not receive any compensation for the use of such pictures, etc., and hereby release the *NCCCS, scholarship donor* and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to the North Carolina Community College System (NCCCS) and scholarship donor to use my name and likeness to promote the Scholarship program, education, and/or their activities.

Signature

date

Parent/Legal guardian (if age 17)

date

I do not give my consent to the North Carolina Community College System (NCCCS) and scholarship donor to use my name and likeness to promote the Scholarship program, and/or their activities.

Signature

date

Parent/Legal guardian (if age 17)

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