



**North Carolina Community Colleges
Golden LEAF Scholars Program – Two-Year Colleges 2020-21
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. Occupational Education students must also submit a copy of their transcript with the application.

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

(* 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

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

Please return the completed application to the college's Financial Aid Office.

Pitt Community College Financial Aid Office
P.O. Drawer 7007 Greenville, NC 27835
Questions? Contact PCCFA@email.pittcc.edu