

Deadline to Apply February 10, 2025  
Turn in to the Institutional Advancement Office, Building 1 Room 106A

North Carolina Community colleges  
Golden LEAF Scholars Program – Two-Year Colleges  
2024-2025 Student Application

Instructions: Complete this application and return the completed application to the college's Institutional Advancement Office. Occupational students must also submit a copy of their transcript with the application. You must have a current, completed FASFA on file for consideration of this scholarship.

Full name: \_\_\_\_\_ Student Id # \_\_\_\_\_

Home Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

BCCC email address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

NC County of Residence: \_\_\_\_\_

Length of Residence in County:  
Less than 5 years \_\_\_\_\_ 5-10 years \_\_\_\_\_ More than 10 years \_\_\_\_\_

Educational Information:

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

Are you an Occupational Education Student? (must be enrolled in a credentialing program of at least 96 hours) Yes \_\_\_\_\_ No \_\_\_\_\_

Program of Study in which you are enrolled: \_\_\_\_\_

Are you a curriculum student? Yes \_\_\_\_\_ No \_\_\_\_\_

Program of Study in which you are enrolled \_\_\_\_\_

Curriculum Information: GPA \_\_\_\_\_ 1<sup>st</sup> Semester \_\_\_\_\_ Not enrolled \_\_\_\_\_

Other Information:

Have members of your immediate family worked for or owned a farming or agricultural related business now or in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or members of your immediate family been employed in traditional industries such as furniture, textiles, or tobacco manufacturing, etc.? 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 in which you are currently involved. \_\_\_\_\_  
\_\_\_\_\_

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 and Date

**Please return the complete application to the college's Institutional Advancement Office.  
The office is located at Room 106A in Building 1 on the BCCC campus.**