



2) Are there other circumstances that demonstrate your need for educational assistance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) List educationally related costs associated with participation in your program/course of choice. Educational assistance maximums are \$250 per term for non-credit occupational education programs and \$750 per term for credit, curriculum programs/courses. \_\_\_\_\_  
\_\_\_\_\_

4) Please list all leadership and/or community activities you are currently involved in. \_\_\_\_\_  
\_\_\_\_\_

5) Please attach a high school or college transcript (occupational education students only) for any courses taken in the last five years. If you have not been enrolled in high school or college in the last five years, please place an "X" here \_\_\_\_\_.

6) Please place an "X" on the blank beside the intended use of these funds, if awarded.

Tuition & Fees \_\_\_\_\_ Books & Supplies \_\_\_\_\_  
Transportation \_\_\_\_\_ Other \_\_\_\_\_

*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.*

7) \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature

**For Official Use Only**

Financial Aid Office:

Total aid awarded for curriculum enrollment \$ \_\_\_\_\_ # of hrs. \_\_\_\_\_

Total aid awarded for occupational education enrollment \$ \_\_\_\_\_

Major or Occupational Education Program: \_\_\_\_\_

Tuition \_\_\_\_\_ Textbooks \_\_\_\_\_

Supplies \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
**Financial Aid Officer** **Date**

<u>Selection Committee</u>		
_____ <b>Date Denied</b>	_____ <b>Date Approved</b>	_____ <b>Award Amount</b>

*Attachment IV*

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

College: \_\_\_\_\_

Student Name: \_\_\_\_\_

The Golden LEAF Foundation has requested that students receiving funds from the Golden LEAF Scholars Program – Two-Year Colleges, be tracked for graduation and employment status. Student social security numbers will be used **only** for this purpose. This information will have no bearing on the selection process for this grant program. 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 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 to be used for any purpose relating to the Golden LEAF Scholars Program – Two-Year Colleges.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Aid Officer

\_\_\_\_\_  
Date

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**Financial Aid Officer** - The student's social security number must be listed on the attached separate page only. Please mail both pages of this waiver form for each selected recipient to Karen Yerby, 5016 Mail Service Center, Raleigh, NC 27699.

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

Student's Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date