Golden LEAF COVID-19 Scholarship Fund
Student Application

North Carolina Community Colleges and Golden LEAF want to aid students directly or indirectly impacted by the Coronavirus Outbreak and the move to on-line instruction in the Spring 2020 term. Please complete the application to request assistance with expenses related to COVID-19 (i.e., childcare, living expenses, internet access, computer). Eligible students must reside in a rural county that is tobacco dependent, or economically distressed, as determined by the Golden LEAF Foundation. Please see your school's financial aid office for a list of 2019-2020 Qualifying Counties.

Instructions: Complete this application and return the completed application to the college's Financial Aid Office.

Section One: Personal Information:

Full Name: _____

Social Security Number/Student ID Number:_____

Home Address: _____

City, State, Zip Code: _____

E-Mail Address: _____

Phone/Mobile Number: _____   County of residence: _____

Length of residence in county: ____ less than 5 years   ____ 5 – 10 years   ____ more than 10 years

Section Two: Educational Information:

____ Occupational Continuing Education Student *(must be enrolled in a credentialing program of at least 96 hours.)*

   Program of Study: _____

____ Curriculum Student:

   Program you are enrolled in: _____

Section Three: Reason for Applying:
Please indicate the reason you are applying for Golden LEAF COVID-19 Scholarship Fund.

Please describe how the Coronavirus has affected you and led to your need for assistance from the Golden LEAF COVID-19 Scholarship Fund:
_____
_____
_____

_____ Student need to purchase laptop, headset for computer or other supplies to assist you in logging in to complete your courses.

_____ Student short term or long-term loss of employment

_____ Student has needs assistance with food or other basic needs
_____ Student needs assistance managing COVID related responsibilities at home (lack of a dedicated computer, need to care for children/siblings/ill family members, etc.)

_____ Student needs assistance with childcare and health care.

Other: Please explain:_____

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**

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