2019-2020
Scholarship Guide

Eligibility Criteria and Guidelines for Scholarship Administration

Provided by the Academic and Student Services Division
Preface

The North Carolina Community College System Office presents *The Scholarship Guide: Eligibility Criteria and Guidelines for Scholarship Administration*. This guide covers the scope of scholarships from state, corporate and private sponsors for North Carolina community college students.

We encourage every financial aid administrator and business officer to use this guide to assist in meeting the financial needs of your students. We wish you continued success and look forward to working with you.

For questions and additional information, please contact:
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Associate Director of Enrollment Management
5016 Mail Service Center
Raleigh, NC 27699-5016
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Guidelines for Administering the North Carolina Community College System Office Scholarship Programs

The responsibilities of the community college under the scholarship program shall be to:

1. Advertise and promote the availability of scholarship programs in its service area.
2. Have an existing scholarship committee select recipients and alternates on the basis of specific scholarship criteria.
3. Submit student information on the Scholarship Reimbursement Request Form for each of the Wells Fargo Scholarship recipients to the Office of Financial Aid and Student Success, North Carolina Community college System.

   All colleges must submit reimbursement forms by the required deadline listed under the Wells Fargo Scholarship in order to receive funds. You are encouraged to submit forms prior to the deadline date.

4. Coordinate Publicity efforts for all scholarship announcements.
5. Notify recipient(s) of the scholarship(s) awarded to them.
6. Notify the System Office of scholarship recipients who did not enroll, withdrew, etc. from the college by the census date of the term course. The college shall select alternates for each scholarship program using the Recipient Change Form and submit all information (full name, home address, Social Security Number, sex race, and curriculum program) at the same time the college notifies the System Office that the initial recipient is not enrolled.
7. Notify the System Office when a program has changed or has been eliminated.
8. Return check(s) of recipient(s) who did not enroll, withdrew, etc. as soon as this information is known. Returned checks should be addressed as follows:

   Attn: Budget Officer - Business & Finance
   NC Community College System Office
   5013 Mail Service Center
   Raleigh, NC 27699-5013

   Or, if the scholarship is from the Community College Foundation, please return funds to the following:

   Director of Foundation
   NC Community College Foundation
   5001 Mail Service Center
   Raleigh, NC 27699-5001

   Note: Adhering to this timetable will allow the System Office and private sponsors to process the changes in time to award all available funds to students.
The responsibilities of the System Office under the scholarship programs shall be to:

1. Compile a master list of the scholarship recipients from the 58 community colleges for each scholarship program.
2. Submit to the Office of Business and Finance a listing of scholarship recipients, with a request that checks be made payable to the recipients and the college.
3. The Office of Business and Finance will disburse all scholarship payments to each college’s Business and Finance Office.
4. Submit to each private or corporate sponsor a list of the scholarship recipients each semester.
5. Assist each college in administering scholarship programs.
North Carolina Community College Grant and Targeted Assistance

Policies for the North Carolina Community College Grant and Targeted Financial Assistance

G.S. 115D-40.1 establishes a need-based financial assistance program for community college students, targets a portion of the funds to students enrolled in high demand/low enrollment programs, and provides tuition assistance to eligible Vocational Rehabilitation students.

The State Board of Community Colleges is required to establish rules and policies for the implementation of the grant and loan program and the targeted financial assistance program. The following are policies for the administration and implementation of the programs.

A. Policies for the North Carolina Community College Grant Program

1. The State Board of Community Colleges will contract with the North Carolina State Education Assistance Authority (NCSEAA) to administer the financial aid program. Procedures for administering the program will be developed by the NCSEAA and the North Carolina Community College System (NCCCS) Office.

2. To be eligible for the need-based grants under this program, students must meet the following criteria:
   a. be admitted to a curriculum program and be enrolled for at least six credit hours per semester;
   b. be a North Carolina resident;
   c. have completed and submitted the Free Application for Federal Student Aid (FAFSA);
   d. qualify for the grants based upon a valid Expected Family Contribution (EFC) calculation under Federal Methodology and the program’s recognized “required educational expenses” for attending a North Carolina community college; and
   e. meet all other eligibility requirements for Federal Pell Grant.

3. Financial aid officers at the community colleges will certify eligibility of their students. A graduated schedule will be used to provide grants to curriculum students who meet the criteria in #2.

The program's recognized "required educational expenses" for a North Carolina resident will be determined annually based upon tuition and fees for fall and spring terms, the estimated cost of books and supplies, and a small travel allowance. The amount may be adjusted to ensure that all eligible applicants receive need-based grants.
4. The State Board will receive an end-of-year report from NCSEAA and will review its rule and policies annually. The NCSEAA will transmit data on community college students applying for and receiving grants to the System Office, which has responsibility for evaluating the program.

5. Consistent with this act, each community college will designate at least one financial aid counselor to inform students of federal financial aid programs, the Hope and Lifetime Learning Tax Credits, the North Carolina Community College Grant Program, and other financial aid options. The NCCCS Office will coordinate a training program for financial aid counselors and will disseminate information about the program to the public.

Policies for the North Carolina Community College Grant, Loan Programs, and Targeted Financial Assistance

The state funding for the Targeted Assistance (High Demand/Low Enrollment) Program and, less than half-time enrolled certificate, and diploma program funding were consolidated for the FY 2019-20 academic year at an amount not to exceed $550,000. The State Board of Community Colleges will approve the amount allocated to each college and will determine this amount through a distribution model based upon the percentage of Pell Grant awards made by the college. Each college will receive an award allocation amount annually. Colleges should award available funding to eligible students in each program until expended.

B. Policies for Less Than Half-Time Enrolled Certificate, Diploma, and Associate Degree Students

1. The State Board will allocate funding to colleges to provide need-based assistance to students enrolled less than half time in certificate, diploma or associate degree programs.

2. All Certificate, diploma and associate degree students must complete the Free Application for Federal Student Aid (FAFSA) to be qualified for this need-based financial assistance. Students enrolled in certificate programs that are ineligible for federal student assistance may qualify for these funds. The Student Expected Family Contribution (EFC) must be from 801 through 4000.

3. Qualified students enrolled less than half time shall be eligible for $30 per semester hour up to a maximum of $150. Qualified students in programs that are ineligible for federal student assistance shall be eligible for $30 per semester hour up to a maximum of $150.

4. Funds allocated to the community colleges will include a base rate plus a percentage as determined by the colleges’ Pell funds awarded and listed in the most recent final NCHED A-10 report of the community college system data warehouse.

5. Colleges will report to the System Office after June 30th each year a) The
number of students assisted by enrollment status, and b) the amount of expended and unexpended funds.

6. Unrequested funds held at the System Office on November 15th of each year may be reallocated to colleges that demonstrate additional need for less than half-time enrollment funds.

C. Policies for the Targeted Assistance (High Demand/Low Enrollment) Program

1. The State Board may allocate a percentage of the funds appropriated for Financial Assistance for Community College Students to students who enroll in low enrollment programs that prepare students for high-demand occupations. The actual amount of funds allocated shall be adjusted annually, based upon availability of funding in the NC Community College Grant Program.

2. The local community colleges shall identify credit and noncredit programs with enrollment that is substantially less than program capacities, but are in high demand regarding employees needed in those service area labor forces.

3. Based on local training and employment needs, the local community colleges shall determine the ratio for distribution of funds to credit and noncredit programs.

4. For students enrolled through the sponsorship of the NC Division of Vocational Rehabilitation (VR), colleges may apply these funds to the cost of the in-state tuition rate less the tuition payment authorized by VR.

5. Certificate, diploma, and associate degree students must complete the Free Application for Federal Student Aid (FAFSA) to be eligible for this need based financial assistance.

6. Funds allocated to the community colleges will include a base rate plus a percentage as determined by the colleges’ Pell funds awarded and listed in the most recent final NCHED A-10 report of the community college system data warehouse.

7. Upon request from the president or chief financial officer of the college, funds will be disbursed to the System Office Vice President for Finance. Funds that are not disbursed by the end of the Fall Semester may be reallocated.

8. Colleges will submit a progress report to the System Office in November of each year that lists the unexpended balance and lists the credit and noncredit programs in which students receiving assistance are enrolled.

9. Colleges will report to the System Office after June 30th each year: a) The number of students funded, b) A listing of the credit and noncredit programs where funds were targeted, c) Number of completers, d) Number of continuing students and e) The amount of unexpended funds.

10. Effective July 1, 2002, unrequested funds held at the System Office on November 15th of each year may be reallocated to colleges that demonstrate additional need for target assistance funds.
Overview
The North Carolina GlaxoSmithKline (GSK) Foundation, Inc., The General Assembly of North Carolina and Bank of America have contributed more than $2 million toward the establishment of an endowment within the North Carolina Community Colleges Foundation to support an expanded role for North Carolina’s community colleges in teacher preparation.

The Endowment funds an annual scholarship/loan for prospective teachers enrolled in community college degree programs tied to baccalaureate completion programs.

Application Deadlines: Application deadline is Friday, September 6, 2019.

I. General Guidelines
Eligibility and Priorities: The scholarship/loans for 2019-2020 will be awarded to a limited number of students enrolled full-time in the first or second year of a community college degree program to prepare students for transfer to a baccalaureate program in elementary or secondary education.

Factors in the selection process include students’ academic success and progression towards a career in teaching, substantive community involvement, and demonstrated financial need. Candidates shall be selected without regard to race, gender, color, creed, religious preference, age, national origin, or disability.

For the 2019-2020 academic year, the Foundation will give preference in awarding grants to students who meet one or more of the following qualifications:

1. Students who are “career changers” who have returned to school from other occupations or from home responsibilities.
2. Students preparing to teach mathematics or science in middle or high school.
3. Students enrolled in community colleges serving low-wealth counties, as designated by the North Carolina Department of Commerce 2019 Tier I and II Counties. The counties can be found at the following link: https://www.nccommerce.com/research-publications/incentive-reports/county-tier-designations

Tier II Alamance, Alexander, Avery, Beaufort, Burke, Caldwell Catawba, Cleveland, Craven, Cumberland, Currituck, Dare, Davidson, Davie, Duplin, Forsyth, Franklin, Gaston, Guilford, Harnett, Hoke, Lee, Madison, Nash, Onslow, Pamlico, Pitt, Polk, Randolph, Rockingham, Rowan, Rutherford, Sampson, Stanly, Stokes, Surry, Transylvania, Wayne, Wilkes, Wilson

**Funding, conditions, and requirements:** The total award per recipient will be $2,500 per semester for up to two consecutive semesters of full-time study (a minimum of 12 hours per semester). Receipt of second semester funds will be contingent upon satisfactory academic performance, with a minimum grade point average of 2.7 on a 4.0 scale and progress towards a community college degree. Recipients may re-apply for a second year of funding.

Upon acceptance of the scholarship, recipients must:
1. Complete all credentials and begin work as a teacher in a public or charter school in a tier I or II county in North Carolina within six years of the first award;
2. Teach two full years for each year of scholarship/loan received. Any additional teaching obligation must be completed within ten years of receiving the scholarship/loan;
3. Attend a meeting of the Foundation, if invited; and
4. Sign a promissory note for each award, which will be forgiven once the scholarship/loan obligations are fulfilled.

**Recipients who do not meet these obligations will be required to repay the loan within ten years of the award.**

**II. Application Process**
Applicants must fill out the attached application and submit by Friday, September 6, 2019 to the North Carolina Community Colleges Foundation. Applicants must also complete the Free Application Federal Student Aid (FAFSA). The committee may include representatives of the State Board of Community Colleges, the Foundation Board, NC GSK Foundation, local community colleges, and System Office Staff.
Full Name ________________________________________________________________

Social Security Number
Used for keeping purposes only. ______ - ____ - ______

Mailing Address: __________________________________________________________
City & State ______________________________________________________________________ Zip Code ______

County of Residence __________________________________________________________________

Daytime Telephone Number: (____) ______ - ______
Work Telephone Number: (____) ______ - ______

Community College date of anticipated graduation: ____________________________

Associate Degree being pursued: ___________________________________________

Name of four-year institution where you plan to pursue your bachelor’s degree: __________________________________________________________________

Anticipated graduation date from four-year institution: ____________________________

Anticipated teaching field: ____________________________
Current College GPA: __________________________________________

Have you completed the Free Application for Federal Student Aid (FAFSA) for the year in which you are seeking a scholarship/loan? You are required to complete the FAFSA to participate in this program.

_____ yes  _____ no

Are you currently receiving financial aid? If so, please attach a copy of your financial aid award letter.

_____ yes  _____ no

Additional Required Information:

1. Previous educational and work experience: On a separate sheet (limit one double-spaced, 12-point font, typed page), please describe your previous educational experiences and your work history.

2. Motivation to teach: On a separate sheet (limit three double-spaced, 12-point, typed pages), please describe your reasons for choosing classroom teaching as a career, your goals for your future as a teacher, your reasons for choosing to begin your teacher
preparation at a community college, and the qualifications that make you the best candidate for this scholarship.

3. **Letters of recommendation:** Please attach three letters of recommendations from someone who can speak to your suitability for a career in classroom teaching. One letter must come from an instructor, counselor or other faculty or staff member at the community college or high school in which you are enrolled or plan to enroll.

4. **Transcripts/test reports:** Please include official transcripts from high school and any post-secondary educational institution which you have attended.

Candidate Signature: ________________________________ Date: __________________________

_Monty Hickman, PhD., Associate Director of Enrollment Management_
5016 Mail Service Center, Raleigh, NC 27699-5016
Telephone: (919) 807-7195
Fax: (919) 807-7173
The North Carolina Community Colleges Foundation Scholarships for Health Careers were created to assist students interested in attaining associate degrees in fields of high demand that will allow them to join the health care profession. The scholarships are available to full time students with a cumulative GPA of 3.0 enrolled in the second year of an eligible Allied Health program at a community college.

All applicants must have completed the Free Application for Federal Student Aid (FAFSA). The Foundation awards $1,000 scholarships, $500 for the fall and spring semesters. Disbursement of the spring awards is contingent upon enrollment and satisfactory academic performance during the fall semester.

- Associate Degree Nursing (A45110)
- Dental Hygiene (A45260)
- Emergency Medical Science (A45340)
- Health Information Technology (A45360)
- Medical Assisting (A45400)
- Medical Laboratory Technology (A45400)
- Pharmacy Technology (A45580)
- Physical Therapist Assistant (2-year program)
- Physical Therapist Assistant (1+1) (A45640)
- Respiratory Therapy (A45720)
- Veterinary Medical Technology (A45780)

Scholarship recipients will be selected by a committee of NC Community College representatives. The committee will consider financial need as demonstrated by the Free Application for Federal Student Assistance (FAFSA), merit as determined by academic performance, and personal commitment to the health profession, as determined by the required documentation.

The head of the college’s Allied Health Department will need to complete the application for the recommended student and submit it to the System Office. Scholarship deadline is Friday, September 6, 2019.
North Carolina Community Colleges Foundation
Scholarship for Health Careers
Application

Please print of type.

Full Name

Social Security Number
Used for keeping purposes only.

Mailing Address: ________________________________________________________________
City & State ________________________________ Zip Code __________

County of Residence ___________________________________________________________

Daytime Telephone Number: (_____) ______- ______
Work Telephone Number: (_____) ______- ______

Email Address: _________________________________________________________________

Community College: _____________________________________________________________

Date of anticipated graduation: _________________________________________________

Has a student completed the Free Application for Federal Student Aid (FAFSA) for the
year in which you are recommending a scholarship?

_____ yes _____ no

Career goals and relevant experience: On a separate sheet (limit 500 words), have the student
explain what their career goals are. Students should describe volunteer work, family care, awards,
or other life experiences which demonstrate their commitment to the health field as a vocation.
Please attach the student’s response to the above question.

Transcripts/test reports: Please include an official transcript from the community college in
which student is enrolled.

Monty Hickman, PhD., Associate Director of Enrollment Management
5016 Mail Service Center, Raleigh, NC 27699-5016
Telephone: (919) 807-7195
Fax: (919) 807-7173
North Carolina Community Colleges Foundation
Scholarship for Health Careers
Signature Page

Please sign on the designated spaces below and mail with other requested documentation:

Candidate: ___________________________ Date: ____________

Dean of Allied Health: ___________________________ Date: ____________

President: ___________________________ Date: ____________
One scholarship per college valued at $500 each. These scholarships are distributed among the 58 colleges in the community college system, which may be distributed in two payments: fall semester, $250; and spring semester, $250.

To qualify as a candidate for these scholarships, a person must meet the following criteria:

1. Be a full-time student enrolled in the second year of a two-year educational/technical program.
2. Demonstrate financial need.
3. Demonstrate scholastic promise.
4. Use the scholarship to pay for tuition, books, and/or transportation.

The recipients of the scholarships will be selected each year from applicants meeting the above criteria at local colleges.

The college shall establish a special committee to select recipient(s) of scholarships. The committee shall be composed of: the chairman of the board of the college or his/her designee, the senior Wells Fargo office executive in the area serving the college or his/her designee, and a leading citizen of the area to be selected by the other two (2) members of the committee who shall not be affiliated with Wells Fargo or the community college system.

In addition, the president of the college or his designee shall serve as an ex officio member of the committee and shall have the responsibility for providing staff assistance and for recommending scholarship candidates to the committee. If there is not a Wells Fargo Bank in the college service area, the established scholarship committee of that college may be used to select the recipient(s).

Submit reimbursement forms to:

Monty Hickman, PhD., Associate Director for Enrollment Management
5016 Mail Service Center, Raleigh, NC  27699-5016
Email: hickmanm@nccommunitycolleges.edu
Telephone: (919) 807-7195
Fax: (919) 807-7173

Colleges may not submit alternate recipients for the Wells Fargo scholarship in the spring semester after Thursday, February 1, 2019.
Wells Fargo Scholarship Application

Please print or type information.

Identifying Information:

Student’s Name: _______________________________________________________

Social Security Number: XXX – XX - ________ (Last four digits only.)

Mailing Address: _______________________________________________________
City & State ___________________________________________________________ Zip Code _______________________

County of Residence ____________________________________________________

Daytime Telephone Number: (_____) _____ - ______

Email Address: _________________________________________________________

Community College where you are currently enrolled or plan to attend: ____________________________

If you are receiving financial aid, please list the type of aid (Pell Grant, loan, etc.) _______________________

Educational Accomplishments: (Use a separate sheet and attach to application.)
Please write no more than one-page, typed essay (12-point font) stating why you have chosen this field of study, how this scholarship will help you achieve your educational goals and why you should be considered for this scholarship.

Application deadline:
Fall – Friday, September 20, 2019 Spring – Friday, February 7, 2020

Return Applications to Financial Aid Administrator at the college where you are attending or to the college where you plan to attend. Selection will be determined by Financial Aid Administrator or selection committee.

Financial Aid Administrator Signature: _________________________________

Date: ____________________________
Rodney B. Powell Memorial Scholarship
Eligibility Criteria

One of more scholarship will be awarded annually, depending on availability of funds to students meeting the criteria set forth. To qualify as a candidate for the scholarship, an applicant must meet the following:

Student Eligibility:
1. Be a resident of North Carolina.
2. Be enrolled (or must intend to enroll) as a full-time student in an Associate in Applied Science Degree program of study in electrical/electronics technology at a community college within the Progress Energy service area.
3. Have maintained a grade point average at or above 3.0 at the community college or during his/her senior year in high school.
4. Must continue for the duration of the scholarship at the college where he/she was enrolled at the time of the scholarship award.

The candidates for the scholarship shall be selected and the scholarship awarded without regard to race, sex, color, creed, religious preference, age, national origin or disability of each candidate. The recipient(s) of the scholarships will be selected each year from the group of applicants meeting the above criteria. Other factors to be considered in the selection process will include, but will not be limited to: scholastic achievement, financial need, participation in outside activities, and a demonstrated interest in practicing the electrical/electronics technology trade in their community.

NOTE: All applications will be submitted to:
Aubrey Jones
Power Careers Program Manager – East Region
Office: 919-881-3762
Cell: 919-610-5128
aubreyp.jones@duke-energy.com

COMMUNITY COLLEGES AWARDED THE RODNEY B. POWELL MEMORIAL SCHOLARSHIP

- Durham Technical Community College
- Johnston Community College
- Piedmont Community College
- Wake Technical Community College
Note: Applicants applying for this scholarship are to be enrolled or intend to enroll in an electrical/electronics technology program.

Identifying Information:

Full Name: ________________________________________________________________

Social Security Number: XXX – XX - _______ (last four digits only)

Mailing Address: ____________________________________________________________

City & State ___________________________ Zip Code _______

Daytime Telephone Number: (______) ______ - _______

Educational Information:

Community College where you are currently enrolled or plan to attend: _______________

Field of Study and Degree, Certificate, or Diploma being pursued: _______________________

If you are receiving financial aid, please list the type of aid (Pell Grant, Loan, etc.) ___________________________

Educational Accomplishments: Please briefly describe any activities in your community in which you have been involved beyond your academic studies; i.e., awards, special programs, or any other educational accomplishments:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Educational Goals: (Use a separate sheet and attach to application.) Please write no more than a one-page essay (double-spaced, 12-point font) stating why you have chosen this field of study, how this scholarship will help you achieve your educational goal, and why you should be considered for this scholarship.

Application deadlines: Fall – Friday, September 6, 2019
Return Applications to Financial Aid Administrator at the college where you are attending or to the college where you plan to attend. Applications will be submitted to:
Lee McCollum, Power Careers Program (Fossil Generation)  
7001 Pinecrest Road  
Raleigh, NC 27612  
(919) 881-3773 (office)  
(252) 903-0153 (mobile)  
FA Administrator Signature: ____________________________ Date: ___________
The Golden LEAF Scholars Program – Two-Year Colleges will provide grants of up to $750 per semester, including summer term, for curriculum students and up to $250 per term for occupational education students to assist with tuition, fees, books, supplies, childcare, and transportation expenses and credential testing fees for mid-skill training courses. Community colleges choose to participate in the program annually so eligible students must attend a participating community college.

Student Eligibility Requirements

- Eligible students must (1) demonstrate financial need and (2) reside in a rural county that is tobacco dependent and/or economically distressed (Tier 1 or Tier 2 under the 3-Tier designation). A scholarship recipient who resides in an eligible county upon initial award will retain eligibility and will be eligible for renewal awards as long as the student’s place of residence is within the state of North Carolina.

- Eligible students may receive an award for each funded term. Financial aid offices will determine their application procedures for receiving awards for subsequent terms. Selected students will be required to disclose all financial aid awards as dictated by college financial aid offices for award packaging. Golden LEAF Scholarships will not displace governmental grants, e.g. Pell grants, for which the student may be eligible (may displace loan funds).

- Curriculum students will be selected based on their financial need as reported in their Free Application for Federal Student Aid (FAFSA). Degree seeking students must be enrolled as a full-time student in order to receive the maximum scholarship award. Grants for less-than-full-time students will be prorated based on hours of enrollment and pending availability of funds.

- Occupation Continuing Education students must demonstrate a need under the federal TRIO formula and be enrolled in a Jobs Now program or a credentialing program of at least 96 hours.

- Should a student become ineligible to use any semester’s scholarship award, those funds will be awarded to other qualified students within the same institution.

- Students using funds for transportation purposes will be asked to sign a statement regarding their travel to and from the college.

Student Selection Considerations

Applicants will be selected based on financial need and county of residence. Other selection factors include:

- The effect of the declining economy on his or her family.
Owner of or employed in farming/agriculture business
Owner of or employed in traditional industries (such as textile or furniture manufacturing)
Household member lost their job or has gone from full-time to part-time employment
- Academic performance
- Campus activities and community service

Application Process
- CFNC will post the application on its website with other scholarship applications.
- The System Office will promote and market the scholarship among the local community colleges to help the students understand and recognize the mission of Golden LEAF. A marketing and publicity plan approved by the Foundation will include a public announcement of the Golden LEAF Scholars each semester and the scholarship notification letter sent to each scholar.
- Students will complete the Golden LEAF Scholars Program – Two-year Colleges application for the targeted academic terms. Applications will be filed with the college financial aid offices.
- Timing for the selection process is determined by the award policies and procedures of each college. Financial aid offices will work with Occupational Continuing Education Departments to determine the awards periods for those students.
- Applicants bear full responsibility for completing the Golden LEAF application prior to each deadline.
- Financial aid offices will determine eligibility and appoint a selection committee comprised of college personnel from various areas of the college to review student applications. The committee will meet at least once during each of the award semesters or on an as-needed basis throughout the year.
- The committee will select qualified students per award semesters/terms by utilizing the selection matrix provided by the System Office.
- Financial aid offices will disburse awards and send media releases regarding the scholarship recipients.
- Financial aid offices will provide a list of selected recipients including name, amount, address, email, and use of funds to NCCCS. Colleges will also submit student social security numbers and waiver forms in a separate mailing.

This program is funded by the Golden LEAF Foundation.
North Carolina Community Colleges
Golden LEAF Scholars Program – Two-Year Colleges
2019-2020 Student Application

Instructions: Complete this application and return the completed application to the college’s Financial Aid Office. Occupational Education students must also submit a copy of their transcript with the application.

Full Name: ________________________________________________________________

Social Security Number: ______________________________________________________

Home Address: ______________________________________________________________

City & State: __________________________ Zip Code: ____________________________

Email Address: ______________________________________________________________

Home 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

Community College you are attending: __________________________________________

Are you an Occupational Continuing Education Student?: yes no

Program of study in which you are enrolled: ______________________________________

Are you a Curriculum Student?: yes no

Curriculum Information: GPA  1st Semester  Not Enrolled

Program of study in which you are enrolled: ____________________________________

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

_____ yes  ____ no

Has anyone in your household lost their job in the past two years?

_____ yes  ____ no

Please list all campus and community service activities in which you are currently involved:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Use of Funds

_____ Tuition  _____ Fees  _____ Supplies  _____ Books

_____ *Childcare  _____ *Transportation  _____ Credentialing Exams

*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

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

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
George W. Ballard Memorial Scholarship
Eligibility Criteria

One scholarship, granting a maximum of ninety percent (90%) of full-time tuition, excluding books and fees will be provided to eligible students. The funds may be distributed equally in two payments: fall semester and spring semester. Scholarship checks will be issued to the college. The North Carolina Community College System Office will notify and award the designated institution. To qualify as a candidate for the George W. Ballard Memorial Scholarship, a student must meet the following criteria:

1. Be personally eligible for in-state tuition.
2. Be enrolled (or must intend to enroll) in the Air Conditioning, Heating, and Refrigeration curriculum at a North Carolina community college.
3. Submit an essay stating why he/she chose the field of study and how the scholarship will help them financially attain their educational goal.
4. Maintain a cumulative grade point average at or above the level required for graduation.
5. Continue for the duration of the scholarship at the college where he/she was enrolled at the time of the scholarship award.

Responsibility of the College

1. Colleges will submit application(s) to the North Carolina Community College System Office. The individual recipient of the scholarship will be selected by a scholarship committee at the North Carolina Community College System Office from the applications received. This committee may include a member of the Ballard family.
2. Have a press release about the recipient on the campus website and submitted to the local media and provide the press release to the Ballard family.

The candidates for the scholarship shall be selected and the scholarship awarded without regard to race, gender, color, creed, religious preference, age, national origin or disability. The individual recipient of the scholarship will be selected each year from the group of applicants meeting the above criteria. Other factors to be considered in the selection process will include, but will not be limited to scholastic achievement, participation in extracurricular activities, and a demonstrated interest in working in the field of study.

Submit application selections to:
Monty Hickman, PhD., Associate Director for Enrollment Management
5016 Mail Service Center, Raleigh, NC 27699-5016
Email: hickmanm@nccommunitycolleges.edu
Telephone: (919) 807-7195 Fax: (919) 807-7173
George W. Ballard Memorial Scholarship
Application
Please type or print information.

Identifying Information

Full Name: _____________________________________________________________

Student ID Number: ______________________________________________________

Home Address: __________________________________________________________

City & State: ________________________________ Zip Code: _____________________

Telephone Number: (______) ______ - _________

Email Address: ___________________________________________________________

Educational Information

Community college where you are currently enrolled or plan to attend:

Field of Study and Degree, Certificate, or Diploma being pursued:

Financial Assistance

Please place a check beside every applicable financing method you are using to pursue your education.

- College Work Study
- Loan
- Personal Savings
- Family Assistance
- Part-time Work
- Scholarship
- Full-time Work
- Pell Grant
- Other

Scholarship Essay

Please briefly answer the following essay questions on a separate sheet of paper. Please type your responses to the essay.

- Why should you be considered for this scholarship?
- How will this scholarship help you financially achieve your educational goal?
- Why have you chosen your current field of study?
- Have you been involved in any activities in your community? If so, please identify the activities and your level of involvement.
George W. Ballard Scholarship
Reference Form

Please provide one reference from an instructor on your campus or a current teacher in
you are not currently enrolled. Use the format below. Please print or type information.

Name of Reference: ___________________________________________________________
Title: _______________________________________________________________________
Position: ____________________________________________________________________
Student Name: _______________________________________________________________
Date: _______________________________________________________________________

Please state why the student named above should be considered for this scholarship.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Application deadlines: Fall – Friday, September 6, 2019

Return the application to the Financial Aid Administrator at the college where you are
attending or to the college where you plan to attend. Selection will be determined by
Financial Aid Administrator or selection committee.

__________________________________  _______________________
Financial Aid Administrator Signature          Date
Family Statement: The Allen Ryan Todd Scholarship was established to honor the life and enthusiasm for learning of Allen Ryan Todd. The scholarship symbolizes his family’s belief that we are here not just to further our own ends, but also to contribute to a larger purpose. In that spirit, scholarship, service, and a desire to help other committed individuals are crucial elements.

Recipients of this scholarship will demonstrate merit and commitment to further their education and honoring the memory of Allen Ryan Todd.

Available are two (2) scholarships valued at $1,660.00. The funds will be distributed in two payments per recipient: fall semester $415, and spring semester $415. Scholarship checks will be issued to the college in the name of the recipient. To qualify as a recipient for the Allen Ryan Todd Scholarship, an applicant must meet the following criteria:

1. Be a resident of North Carolina.
2. Be enrolled (or must intend to enroll) in an Associate Degree program in education, health or environmental science at a North Carolina Community College.
3. Be a motivated, capable learner who has a demonstrated economic need.
4. Submit an essay specifying a chosen field of study and explain how the scholarship will help the applicant achieve his/her goal. A statement of how his/her goals honor the values modeled in the life of Allen Ryan Todd.
5. Maintain a grade point average at or above the level required for graduation.
6. Continue enrollment for the duration of the scholarship at the college where he/she was enrolled at the time of the scholarship award.
7. The recipient(s) must show documentation that they have volunteered in the intended field of study to be considered for this scholarship. Documentation must be within the past year.

The recipients of the scholarship will be selected each year by a scholarship committee at the North Carolina Community College System Office. Factors to be considered in the selection process will include, but will not be limited to, scholastic achievement, participation in outside activities, and a demonstrated commitment to the students’ chosen disciplines: Education, Health, or Environmental Science.

The Todd family and supporters hope recipients will regard this scholarship as an obligation to make the most of their career goals and as an opportunity to help others. We are looking for students who will model scholarship, leadership, and service in their own lives and serve as good models for future recipients of this financial aid. While we
cannot always “pay it back,” we can “pay it forward.” We wish to support those who subscribe to this philosophy.

Submit application selections to:

Monty Hickman, PhD. Associate Director for Enrollment Management
5016 Mail Service Center, Raleigh, NC 27699-5016
Email: hickmanm@nccommunitycolleges.edu
Telephone: (919) 807-7195
Fax: (919) 807-7173
Identifying Information

Full Name: 

Social Security Number: XXX - XX - _______ (Last four digits only.)

Home Address:

City & State: ____________________________ Zip Code: __________

Telephone Number: (______) _____ - ______

Educational Information

Community College where you are currently enrolled or plan to attend: __________________________________________

Field of Study and Degree, Certificate, or Diploma being pursued: __________________________________________

If you are receiving financial aid, please list the type of aid (Pell Grant, Loan, etc.): ____________________________

Educational Accomplishments Please briefly describe any activities in your community in which you have been involved beyond your academic studies; i.e., awards, special programs or any other educational accomplishments: ____________________________________________

__________________________________________

__________________________________________

__________________________________________

Educational Goals (Use a separate sheet and attach to application) Please write no more than a one-page essay stating why you have chosen this field of study and how this scholarship will help you achieve your educational goal.

Essay Question (On a separate sheet of paper (Print or type) Allen Ryan Todd was a searcher, one who truly cared about learning. He also cared about people, especially those who needed help and hope. In that spirit, tell the committee why you feel that you qualify for the memorial scholarship bearing his name.)
SECU Foundation established this **two-year scholarship program** to assist North Carolina Community College System (NCCCS) students in achieving academic success. The members of State Employees’ Credit Union take an active role in assisting organizations and communities across North Carolina and truly believe in “People Helping People!”

There are 116 scholarships valued at up to $5,000 each. Each North Carolina Community College will receive two (2) scholarships. These scholarships are distributed semi-annually in two payments: fall semester, $1,250 per student; and spring semester, $1,250 per student for a maximum of four (4) consecutive semesters.

Recipients are selected by the Scholarship Selection Committee. The following criteria must be used to award the SECU Foundation “People Helping People” Scholarships and have been designed to give the committee maximum flexibility in bestowing the scholarship.

The Scholarship Selection Committee will recognize the individual most deserving of an opportunity to attend college. An application is required. The committee will consider students who best exemplify the membership philosophy of credit unions, “People Helping People”, and have demonstrated leadership, excellence of character, integrity, and community involvement. The recipient will be selected without regard to race, sex, color, creed, religious preference, age, national origin or disability.

Preference will be given to students whose parents or guardians and family members are public sector employees (state, local or federal government; public health; public education) who live and work in North Carolina. Information for the scholarship is available through the financial aid office. The Scholarship Selection Committee will use the following criteria to award the scholarship to a recipient who:

1. Is an applicant or full-time student who is a high school graduate or has completed the General Education Development (GED) program, enrolled in an associate degree, diploma or certificate program.
2. Is a U.S. citizen and a resident of North Carolina under NCGS 116-143.1, and is eligible for in-state tuition.
3. Best exemplifies the membership philosophy of credit unions, “People Helping People” and has demonstrated leadership, excellence of character, integrity, and community involvement.
4. Preference may be given to students with limited financial aid from other programs.
5. Demonstrates scholastic achievement and maintains a 2.5 or higher grade point average on a 4.0 scale or attained a score of 3,000 on the GED test.
6. Uses the scholarship to pay tuition, books, fees, course supplies and transportation.
7. Agrees to continue at the community college where enrolled at the time of the scholarship award for the duration of the scholarship, for four consecutive fall/spring semesters or upon completion of a diploma program. Scholarships are not transferable to another student or another school.
8. Is not a Board Director, employee or family member of an employee of the State Employees’ Credit Union or SECU Foundation. (Note: For the purpose of this scholarship program, immediate family is defined as spouse, parents, siblings and children of an employee or persons living in the same residence and maintaining a single economic unit.)

The Decision of the Scholarship Selection Committee will be final if all requirements have been met.
State Employee’s Credit Union Foundation
Two-Year Scholarship Program for NC Community Colleges
Application

Please complete all information on this form.

<table>
<thead>
<tr>
<th>Student Data Form Personal Information</th>
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</thead>
<tbody>
<tr>
<td>Recipient First Name</td>
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<tr>
<td>______________________</td>
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</tbody>
</table>

Last four Digits of Recipient’s Social-Security Number
XXX – XX- ________

Home Address
____________________________________________________________________________

City & State
________________________
Zip Code
________________________

Telephone Number (Include Area Code)
(______) _____ - ________

GPA - Weighted GPA - Unweighted
_________ __________

Email Address
____________________________________________________________________________

Has the student submitted their FAFSA?
_____ yes  ____ no

Demonstrated financial Need?
____________________________________________________________________________

If parent/guardian works in the public sector field, which field?
____________________________________________________________________________

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<tr>
<th>Community College Information</th>
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<tbody>
<tr>
<td>Name of Community College</td>
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<tr>
<td>____________________________</td>
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</table>

Address City & State Zip Code
________________________
________________________
________________________

Community College President
____________________________________________________________________________

Community College President’s Email
____________________________________________________________________________

Date of Awards Ceremony Time of Awards Ceremony
____________________________________  ______________________________________

Please Note: Student data sheet must be returned as a Word Document only. Please email directly to secufoundation@ncsecu.org.

- Signed Media Consent Form (Signed by Recipient and Parent/Guardian if under 18)
- Brief Statement from Selection Committee on school letterhead which must be signed by all members of the Committee to verify recipient. Please note, Selection Committee must have three or more members.
Memorandum

Date: July 1, 2019

To: Financial Aid Directors

From: Monty Hickman, PhD.
Associate Director Enrollment Management

Subject: Consent Form

To adhere to the Federal Education Rights and Privacy Act of 1974, please ask each scholarship recipient to complete the Consent Form for your records. You are welcome to use a Consent Form employed by your college.

Thank you!
I hereby authorize ________________ Community College and the North Carolina Community College System to share my name and address with one another and to release my name and address to ________________ (scholarship sponsor) and the news media if I am awarded the ________________ Scholarship.

I understand that the Federal Educational Rights and Privacy Act of 1974 may prevent any disclosure of this information if I chose not to execute this release.
### Scholarship Reimbursement Request Form
**Fall 2019 Semester ONLY**

**Note:** Forms must be submitted no later than, *Friday, September 6, 2019.*

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Name of College</td>
<td>________________________________________________</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(______) _____ - _______</td>
</tr>
<tr>
<td>Name of Scholarship</td>
<td>________________________________________________</td>
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<tr>
<td>Signature of Financial Aid Administrator</td>
<td>____________________________</td>
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<tr>
<td>Date</td>
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</table>

**Student Information**

<table>
<thead>
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<th>Field</th>
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<tr>
<td>Student Name</td>
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<tr>
<td>Student’s Address</td>
<td>________________________________________________</td>
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<tr>
<td>City &amp; State</td>
<td>________________________________________________</td>
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<tr>
<td>Major</td>
<td>________________________________________________</td>
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<tr>
<td>Current Semester Credit Hours</td>
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<tr>
<td>Grade Point Average</td>
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<tr>
<td>Amount Awarded</td>
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Scholarships Reimbursement Request Form
Spring 2019 Semester ONLY

Note: Forms must be submitted no later than, Friday, September 6, 2019.

Name of College: ____________________________________________________________

Phone Number: (______) ______ - _______

Name of Scholarship: _______________________________________________________

Signature of Financial Aid Administrator: ________________________________

Date: ____________________________________________________________________

Student Information

Student Name: _____________________________________________________________

Student’s Address: _________________________________________________________
City & State: _______________________________ Zip Code: __________

Major: ___________________________________________________________________

Current Semester Credit Hours: _____________________________________________

Grade Point Average: _____________________________________________________

Amount Awarded: __________________________________________________________
Scholarships Reimbursement Request  
Recipient Change Form

| Scholarship: | ____________________________________________________________________________ |
| Community College: | ____________________________________________________________________________ |
| Financial Aid Administrator Signature: | ____________________________________________________________________________ |
| Date: | ____________________________________________________________________________ |

Explanation for Change:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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<th>Originally Awarded To:</th>
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<tbody>
<tr>
<td>Student Name:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>City, State, &amp; Zip Code:</td>
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<td>Last 4 Digits Only:</td>
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<tr>
<td>Curriculum:</td>
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<tr>
<td>Amount Awarded:</td>
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<td>Semester:</td>
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<th>Award Changed To:</th>
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<tbody>
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