ROANOKE-CHOWAN COMMUNITY COLLEGE

Golden LEAF UTTC/SNAP Grant Scholarships

Student Application

Instructions: Complete and return the completed application to the college's Financial Aid Office or Workforce Continuing Education Department.

Personal Information:

Full Name: _____

Home Address: _____

City, State, Zip Code: _____

E-Mail Address: _____

Phone Number: _____   Mobile number: _____

Educational Information:

_____ Occupational Continuing Education Student *(Must be enrolled in a credentialing program.)*

Selected Pathway:

_____ Community Health Worker	_____ Advanced Manufacturing
_____ EKG Technician	_____ Barbering
_____ Dietary Management	_____ Commercial Driver's License (CDL)
_____ Medical Billing and Coding	_____ Emergency Medical Technician (EMT)
_____ Nurse Aide I	_____ Advanced Emergency Medical Technician
_____ Nurse Aide II	_____ Paramedic
_____ Pharmacy Technician	_____ Welding
_____ Phlebotomy	_____ HVAC
	_____ Other _____

Other Questions:

Did you complete a FAFSA? _____ yes _____ no

Did you apply for other scholarships and/or grants? _____ yes _____ no

If yes, state any you were awarded. _____

I understand the requirements for assistance are to enroll in a pathway approved by the Golden LEAF grant. *I also understand the grant scholarship will cover the cost for tuition/fees only. I hereby declare that the information provided on this form is complete and correct to the best of my knowledge.

_____   _____

Applicant's Signature   **Date**

*Funding is subject to eligibility and availability.