

**Project Skill-UP Application**

**Personal Information**

1. Full Legal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. City, State, Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. County of residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Facebook Alias:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eligibility** please check **all** that apply

|  |  |
| --- | --- |
| Family Unit | 200% of poverty guidelines |
| 1 | 22,980 |
| 2 | 31,020 |
| 3 | 39,060 |
| 4 | 47,100 |

**10. Employment Status**

□ I am currently unemployed and looking for work.

□ I am working but earn less than 200% of the federal poverty guidelines and looking to advance in my career or make a job change.

□ Other (please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tobacco and Agriculture Connection**

|  |  |
| --- | --- |
| 11. Are you a former tobacco quota holder? | YES NO |
| 12. Are you a current or former tobacco farmer? | YES NO |
| 13. Do you have family members who have worked in the tobacco industry or tobacco farming? | YES NO |
| 14. Have you become unemployed due to changes in the tobacco industry in the area? | YES NO |
| 15. Does your family derive income from a farming enterprise? | YES NO |

**Class Information**

**Name of class seeking sponsorship for:**

□CNA I day □CNA I night □CNA II day □CNA II night

□EMT Basic □Welding Plate □Certified Production Technician

**For EMT and CNA courses please attach a copy of your TABE placement test scores**. If you need to schedule this assessment please contact Beverly Goodwin at 862-1238. Applications that do not include placement test scores will be considered incomplete.

**Impact Statement**

Applicants must submit a short statement describing how the Project Skill-UP program will impact their training and employment goals. Explain why you need financial assistance and how the class you want to take will help you reach your career goals. **Applications without the impact statement will not be considered.**

I hereby verify that all the information given by me as written on this form is complete and accurate to the best of my knowledge. I will inform the Project Skill-UP Coordinator if my contact information changes and will provide updates on my progress in class and job search.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed applications should be returned to Andrea Glaze, Project Skill-UP Coordinator**

**Office: Student Service Center Building 214, 252-862-1202** [**aglaze1794@roanokechowan.edu**](mailto:aglaze1794@roanokechowan.edu)

***For Office Use Only***

Date completed application received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Career Readiness Certificate: Test Date:\_\_\_\_\_\_\_\_\_\_

Date acceptance letter mailed to participant:\_\_\_\_\_\_\_\_\_\_\_ Reason application was denied:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course Name** | **Course ID** | **Start Date** | **End Date** | **Course Status** | **Credentials Earned** |
|  |  |  |  |  |  |

**Follow-up Notes:**

Employer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_