

Project Skill-UP

Student Application Form

Applicant Information

1. Applicant Name _____
First Last
2. Home Address _____
City State Zip
3. Home Phone () _____
Alternate Phone () _____

Please check all that apply.

4.

Employment Status
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed

5. As a condition of receiving tuition assistance from Project Skill-UP, participants must submit a short statement at the completion of the program describing how the program has impacted their training and/or employment goals. Will you comply with this condition?
- Yes No

6. Briefly explain how your job, family, and/or community have been adversely affected by the decline of tobacco industries.

- _____ 1. First Generation Farming Impact, you or your parents own or work on farm which was impacted
- _____ 2. Non -Farming-related but taking Agriculture eligible classes see below

- | | |
|-------------|-------------------------------------|
| a.AGR-3001 | Sustainable Agriculture |
| b. AGR-3002 | Agri-Tech |
| c. ANS-3011 | Veterinary Assistant |
| d.ANS-3411 | Equine Studies and Management |
| e. AQU-3100 | Aquaculture Technology |
| f. HOR-3300 | NC Landscape Contractor Exam Review |
| g. HOR-3307 | Horticulture |
| h. HOR-3314 | Retail Floral Design |

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Participant Training Plan: (To be completed by Project Skill-UP staff)

Colleges are required to complete a training plan for all students receiving financial assistance. Please complete all applicable sections:

1. Assessment

Assessment	Comments
Career Readiness Certification	
Other (Please explain)	
Other (Please explain)	

2. Training Placements

Course/Program	Date Enrolled	Comments

3. Follow-up/Counseling Notes

Project Skill-Up

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Student Statement:

Student Signature: _____

Student Email: _____

I give Piedmont Community College permission to use my statement and photo as a Success Story in all social media and news outlets. Initial box below.

_____ Yes, I give PCC permission.

_____ No, I do not give PCC my permission.