

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

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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.



PIEDMONT COMMUNITY COLLEGE

Person County Campus, PO Box 1197, 1715 College Drive, Roxboro, NC 27573
Caswell County Campus, PO Box 1150, 331 Piedmont Drive, Yanceyville, NC 27379

Tuition and Fee Waiver Verification Statement and Signature

Official Name: _____ Suffix: _____
Last First Middle Jr., Sr., III, IV

Address:

Street/PO Box City State Zip County of Residence

Phone: Home _____ Cell _____ Work _____

The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in classes coded in the Master Course List as Human Resources Development if the individual meets one of four criteria listed below. To receive this waiver, an individual must verify that he or she meets at least one of the criteria by completing and signing this form. Individuals not signing this form must pay the applicable fee to register for a Continuing Education course.

I qualify for a tuition and fee waiver under the following criteria: (PLEASE CHECK ONE OPTION).

1. _____ I am currently unemployed.
2. _____ I have received notification of a pending layoff.

Federal Earned Income Tax Credit (page 2)

3. _____ I am working & eligible for the **Federal Earned Income Tax Credit**.

200% of the Federal Poverty Guidelines (page 2)

4. _____ I am working & earn wages at or below 200% of the **Federal Poverty Guidelines**.

I hereby verify that all the information given by me as written on this Registration Form and on this HRD Tuition and Fee Waiver Statement is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____

2021: FEDERAL EARNED INCOME TAX CREDIT

Federal Earned Income Tax Credit

| Criteria | Earned Income Threshold |
|---|-------------------------|
| Individual | \$15,980 |
| Worker with one qualifying child | \$42,158 |
| Worker with two qualifying children | \$47,915 |
| Worker with three or more qualifying children | \$51,464 |

2021: 200% OF THE FEDERAL POVERTY GUIDELINES

200% of the Federal Poverty Guidelines

| Family Unit | 200% of Poverty Guidelines* |
|---|-----------------------------|
| 1 | \$25,760 |
| 2 | \$34,840 |
| 3 | \$43,920 |
| 4 | \$53,000 |
| 5 | \$62,080 |
| 6 | \$71,160 |
| 7 | \$80,240 |
| 8 | \$89,320 |
| For each additional person, add \$9,080 | |