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
_____ Full-Time _____ Part-time _____ 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