



## Work-Ready Essentials Application

### Submission Instructions

Submit this completed application and any required documentation to:

**In Person:** Robeson Community College Foundation, Room 1361 or Angel Zarate, Building 18

**Email:** [azarate@robeson.edu](mailto:azarate@robeson.edu) or [hseibles@robeson.edu](mailto:hseibles@robeson.edu)

**Mail Applications to:** RCC Foundation PO Box 1420 Lumberton, NC 28359

### Applicant Information

**Full Name:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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### Academic Information

- **Program of Study (check one):**

- Skilled Trades – Lineman

- CDL / Truck Driving

- Utility Technician

- Welding - CE

- HVAC - CE

- **Current Enrollment Status:**

- Full-Time  Part-Time

- **Current Academic Status (S or U):** \_\_\_\_\_

- **Expected Graduation/Completion Date:** \_\_\_\_\_

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**Residency Verification**

- **County, State of Residence:** \_\_\_\_\_
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**Eligibility & Background (check all that apply)**

- Demonstrated Financial Need
  - Single Parent
  - Displaced Homemaker
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**Use of Funds (Required)**

This award is intended to cover essential pre-employment and wrap-around expenses required to be job-ready in skilled trades programs. These expenses include, but are not limited to, wraparound costs such as:

- Tools
- Safety equipment (PPE)
- Uniforms and boots
- Licensing or certification fees
- Required exams or testing
- Background checks or drug screening
- Transportation costs related to training or employment readiness

**Estimated Total Amount Requested**

*(Not to exceed \$1,500):* \$ \_\_\_\_\_

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## **Short Answer Questions**

### **1. Career Goals (Required)**

Describe your career goals in the skilled trades and how this award will help you become job-ready.

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### **2. Financial Need Statement (Required)**

Briefly explain your financial circumstances and why assistance is needed to cover pre-employment or program-related costs.

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### ***Certification & Acknowledgment***

By signing below, I certify that:

- The information provided in this application is true and complete.
- I understand that funds may only be used for approved work-ready expenses and **not** for tuition, fees, or books.
- I understand that awards are subject to availability of funds and compliance with donor criteria.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### **Internal Review & Approvals (For Office Use Only)**

Workforce Development / Continuing Education Review

Approved     Not Approved     Needs Additional Information

Reviewer/Signature Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Office of Financial Aid Review

Eligible     Not Eligible     Pending Verification

Reviewer/Signature Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Vice President of Foundation Approval

Approved     Not Approved    Award Amount \$ \_\_\_\_\_

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