



## 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
- **Current Enrollment Status:**
  - Full-Time  Part-Time
- **Current Academic Status (S or U):** \_\_\_\_\_
- **Expected Graduation/Completion Date:** \_\_\_\_\_



**Residency Verification**

- **County of Residence:** \_\_\_\_\_
  - **State:** North Carolina
    - I am a resident of Robeson County or a neighboring county in North Carolina.
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**Eligibility & Background (check all that apply)**

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

This award will provide a Work Ready Essentials Tool Kit for the program in which the student is enrolled. The kit will include tools, personal protective equipment (PPE), and other items needed to help students transition directly from training into the workforce with the essential entry-level equipment required for employment. The purpose of this award is to help students become job-ready in skilled trades programs by covering essential pre-employment needs.

**Estimated Total Amount Requested**

\$ \_\_\_\_\_



**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: \_\_\_\_\_