



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 or 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:** _____

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

(Not to exceed \$1,500): \$ _____



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.

2. Financial Need Statement (Required)

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

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:** _____

Internal Review & Approvals (For Office Use Only)

Workforce Development / Continuing Education Review

Approved Not Approved Needs Additional Information

Reviewer/Signature Name: _____ Date: _____

Office of Financial Aid Review

Eligible Not Eligible Pending Verification

Reviewer/Signature Name: _____ Date: _____

Vice President of Foundation Approval

Approved Not Approved Award Amount \$ _____

Signature: _____ Date: _____