ROBESON COMMUNITY COLLEGE FOUNDATION, INC.

Work-Ready Essentials Application

Submission Instructions

Submit this completed application and any required documentation to:

In Person: Robeson Community College, Angel Zarate, Building 18

Email: azarate@robeson.edu

Work-Ready Essentials (WRE) Award

The Work-Ready Essentials (WRE) Award is not a cash scholarship and is not intended to pay tuition, fees, or books. Instead, this award provides students with essential work-ready equipment and other approved pre-employment items needed to successfully transition from training into the workforce. You must be actively enrolled in one of the programs of study listed below to be eligible for this award.

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):**
  - ☐ Lineman
  - ☐ CDL
  - ☐ Utility Technician
- **Current Enrollment Status:**
  - ☐ Full-Time ☐ Part-Time
- **Expected Graduation/Completion Date:** _____

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Applicant Demographics

Gender: ☐ Female ☐ Male ☐ Non-Binary ☐ Prefer Not to Answer

Race/Ethnicity:

☐ American Indian/Alaska Native

☐ Asian

☐ Black/African American

☐ Hispanic/Latino

☐ Native Hawaiian/Other Pacific Islander

☐ White

☐ Other: _____

☐ Prefer Not to Answer

Residency Verification

- **County of Residence:** _____
- **State:** North Carolina
  ☐ I am a resident of Robeson County or a neighboring county in North Carolina.

Recipient Selection Criteria

The information below assists the Foundation in selecting award recipients. Selection is based on donor guidelines, demonstrated need, and funding availability. Completing this section does not guarantee an award.

☐ Financial Need

☐ Single Parent

☐ Displaced Homemaker

☐ Displaced Worker

☐ Student with a Disability

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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.

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 awards are subject to availability of funds and compliance with donor criteria.

Applicant Signature: _____ Date: _____

Internal Review & Approvals (For Office Use Only)

Eric Freeman, Executive Vice President
☐ 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

Signature: _____ Date: _____

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