



**Nash Community College Continuing Education
Project Skill-UP Scholarship
Student Application Form
(305626)**

Personal Information:

Full Name: _____ Class Title: _____

Student I.D. Number: _____ Email Address: _____

Home Address: _____

City, State, Zip Code: _____

NC County of Residence: _____ Date of Birth: _____

Cell Phone: _____ Other Contact Number: _____

Employment Status: ____ Full-Time ____ Part-Time ____ Unemployed ____ Unemployment insurance claimant
____ Underemployed adult (earning 200% below federal poverty level)

Military Status: ____ NC National Guard Member ____ Military Veteran or Spouse

Briefly explain how your job, family, and/or community have been adversely affected by the decline of tobacco or agricultural industry.

- Current/former tobacco farmer, farm worker, tobacco manufacturing employee
- First generation student of current/former tobacco farmer, farm worker, tobacco manufacturing employee
- Enrolling in Veterinary Assistant class

Scholarship Applicant Bio Statement: Please write a brief statement about *why* you are applying for the Project Skill-UP scholarship, *how* you will use it, and *what* impact this scholarship will have for you. Also, tell us about your career goals. If you have extenuating circumstances that you want to share, please include that here.

Recipient Permission of Release: If selected for the Project Skill-UP Scholarship, I consent to the release of my name, biographical statement, and image for publications written/distributed by the NC Community College System Office, Nash Community College, and/or The Tobacco Trust Fund.

Applicant's Signature

Date

Recipient Follow-Up Requirements: If selected for the Project Skill-UP Scholarship, I agree to the following at the completion of my training program:

1. Provide information regarding employment to Nash Community College.
2. Submit a short statement describing how the scholarship assisted with your training and/or employment goals.
3. Attend Nash Community College's Student Recognition Ceremony (April) to show appreciation to Project Skill-UP Foundation.

Applicant's Signature

Date

Tobacco Trust Fund Commission – Project Skill Up

Workforce Continuing Education Scholarship Program

Student Data Form

2020-2021

College: Nash Community College

Full Name of Scholarship Recipient			
Address		Phone	E-Mail
Target Group Affiliation (Circle/Bold all applicable)			
Former Tobacco Quota Holder	Current/Former Tobacco Farmers	Current/Former Employee of Tobacco Related Industry	Currently Engaged in Agricultural Related Activities
Unemployment Insurance Claimant	Unemployed / Underemployed* Adult	NC National Guard Member	Military Veteran or Spouse

* Underemployed is defined as individuals earning within 200% of the federal poverty level or below.

Award Information

Award Date	Training Program *include all course sections related to training program	Associated Credential(s)

Please attach the following documents:

- Student Bio that includes comments on the student’s need for the scholarship. Include any relevant information aligned with TTFC focused criteria
- Student Photo

Student Consent

As a condition of the award, I give my consent to the release of my name, biographical statement, and image for publications written/distributed by the System Office, the local Community College, and/or the Tobacco Trust Fund Commission. I understand that I will be contacted after completion of my coursework to determine if my participation in the program assisted me in gaining employment.

Student Signature: _____

COLLEGE USE:

	Name	Phone	E-Mail
PSU Scholarship Coordinator:	Carla Dunston	252-451-8324	cjdunston987@nashcc.edu