



**Tobacco Trust Fund Commission – Project Skill Up**

Workforce Continuing Education Scholarship Program

**Student Data Form**

**2018-2019**

**College:** Johnston 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**

Class Start 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:			