



Arizona Stitch Lab Application

Personal Information

First Name: _____ Last Name: _____
Date of Birth: _____ Address: _____
City: _____ State: _____ Zip: _____
Telephone/Cell: _____ Email: _____
Are you a member of a federally recognized tribe? Yes No
If you have selected yes, state the name of the federally recognized tribe: _____

Demographics

Sex: Female Male
Income: Below \$14,999 Between \$15,000 - \$24,999 Between \$25,000 - \$34,999 Above \$35,000
Race: _____
Wages before training program: _____
Highest level of education obtained: _____
Employment Status: Employed Retired Unemployed Disabled Self-Employed

Job History

Current / Recent Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Dates Employed: _____ To _____

Enrollment

Select all training tracks you are interested in participating:

- Basic Industrial Sewing Skill Course Cohort #: _____
- Entrepreneur Courses
- Technician Work (Ex. Installation, Repair, Maintenance etc.)
- Fulfillment & Shipping
- Specialized Workshops/1-Day Intensives (Ex. Apparel & Garment Construction, Shade Sails & Awnings etc.)

Use the space below to provide a brief description of why you are interested in our program:

How did you hear about us? _____

Email: info@azstitchlab.org

Website: azstitchlab.org