TCTC QuickJobs Training Scholarship Application

Program Interest Area(s):				
☐ Electrocardiology (ECG)Technician		Culinary Art	s Certificate	
☐ Emergency Medical Technician		Electrical W	iring	
☐ Health Unit Coordinator		Certified Fib	er Optics Technician	
☐ Medical Billing & Coding Specialist		Certified Fib	er Optics Specialist Testing /Maintenance	
☐ Nursing Assistant (CNA)		Certified Fib	per Optics Specialist/Splicing	
☐ Patient Care Technician		Network + C	Computer Support Technician	
☐ Phlebotomy Technician		Computer To	echnician A+ Exam Prep	
☐ Medical Office Billing & Elec Health Records Specialist		MCSA Network Administrator		
☐ Patient Access Specialist		MCSA SQL Database		
Medical Scribe		Commercial Truck Driving (Class A)		
Healthcare Document Specialist (Med Transcription)		Commercial Truck Driving (Class B)		
☐ SCMC Certified Production Technician	n Dump Truck Driver (CDL B)			
☐ CNC Operator		Pre-Highway	y Construction Inspector Testing Technician	
☐ Welding Certificate		Entry-level Highway Construction (Flagger)		
☐ Administrative Microsoft Office Specialist w/QuickBooks)		Heavy Equipment Operator		
☐ Administrative Microsoft Office Specialist (w/Keyboarding)			
☐ Bookkeeping and Payroll Accounting Clerk				
☐ Computer Service Technician				
Personal Information:				
Personal Information: First Name: Middle Initial:			Last Name:	
			Last Name:	
First Name: Middle Initial :	Date	of Birth:	Last Name:	
			Last Name:	
First Name: Middle Initial : SSN:		of Birth:		
First Name: Middle Initial :				
SSN: Mailing Address:		.//	□ MALE □ FEMALE	
First Name: Middle Initial : SSN:		.//		
First Name: Middle Initial: SSN: Mailing Address: City:		e:	□ MALE □ FEMALE ZIP Code:	
SSN: Mailing Address:		.//	□ MALE □ FEMALE ZIP Code:	
First Name: Middle Initial : SSN: Mailing Address: City: Home Telephone Number: Cell Phone Number:		e:	□ MALE □ FEMALE ZIP Code:	
First Name: Middle Initial: SSN: Mailing Address: City: Home Telephone Number: Cell Phone Number: Educational Background:	State	e: Email Address	MALE FEMALE ZIP Code:	
First Name: Middle Initial: SSN: Mailing Address: City: Home Telephone Number: Cell Phone Number: Educational Background:	State	e:	MALE FEMALE ZIP Code:	
First Name: Middle Initial: SSN: Mailing Address: City: Home Telephone Number: Cell Phone Number: Educational Background:	State	e: Email Address	MALE FEMALE ZIP Code:	
First Name: Middle Initial: SSN: Mailing Address: City: Home Telephone Number: Cell Phone Number: Educational Background: What is your High School educational background? (check one)	State State No High S No rtificate	e: Email Address	MALE FEMALE ZIP Code:	
First Name: Middle Initial: SSN: Mailing Address: City: Home Telephone Number: Cell Phone Number: Educational Background: What is your High School educational background? (check one) Have you attended college or vocational school?	State State No High S No rtificate	e: Email Address	MALE FEMALE ZIP Code:	

Employment/Training Information:
Are you currently employed? No If you are not employed, why do you think you are not currently working?
If you are currently working, tell us more about your employment: Is your job full-time?
If you are currently working – do you consider yourself UNDER-employed? (Could you be working a higher-level job, or making more money?) Yes No
Have you ever been convicted of a crime other than a traffic-related incident? Yes No If your answer is yes, please explain:
Would you be willing to submit to a drug screen? ☐ Yes ☐ No (some programs may require a drug screen)
Do you have transportation to and from work/training? Yes No
If you do not, how would you get to and from class/work? Do you have any limitations that may keep you from taking training or issues that may impact getting hired? Yes No
If Yes, what are they?
Do you have experience working in any of the following types of businesses? Construction Manufacturing/Assembly Plant Over-the-Road Trucking Medical Office or Clinical Office Work
Are you a US Veteran?
Are you currently receiving government benefits (SNAP, Disability, etc.)?
Do you already have a job lined up with a company once you complete training? Yes No If yes, what is the name of the company?
Certifications:
I certify that the information I have provided in this application is true and correct to the best of my knowledge.
I also understand that I may be subject to a drug screen and criminal background check.
I further acknowledge my acceptance into this program is not guaranteed and that if I am not eligible or selected to participate in this program, I may be referred to other services or programs for which I may be eligible. I give permission for authorized personnel to have access to my file. This includes SC Works and (Tri-County Technical College) staff. Authorized personnel will treat all documents as confidential and will be used for program eligibility, participation, employment verification and program evaluation.
I am aware that the College has access to personal data pertaining to my studies, health and safety, and other legitimate data. I understand that the College will report student outcomes for this program, and that my personal data will be used to identify me and I give my express consent to the processing of my personal data and to the sharing of this data for legitimate use.
Signature: Date

Email this to conted@tctc.edu or Fax to 864-646-1894 or Mail to TCTC/CCE PO Box 587 Pendleton, SC 29670 Call us at 864-646-1700

Tri-County Technical College provides equal opportunity and affirmative action in education and employment for all qualified persons regardless of race, color, religion, sex, national origin, age, disability, sexual orientation or veteran status.