



# Continuing Education and Workforce Development Scholarship Application

Select one program: Allied Health Sciences Program (CNA, PCT, ECG, Phleb, CPR) Industrial Technology (Welding, CDL)

Last Name First Name MI

Mailing Address

City State ZIP County

Phone (day) (Evening) Email

Date of Birth: Veteran status: Veteran Vet Spouse Active Military

Marital status: Single Married Divorced Widowed Gender: Male Female

High School status: Diploma Graduate Still in High School Race/Ethnicity:  
Did not Graduate GED Recipient

1. Do you currently owe any monies to The  
Technical College of the Lowcountry?

Yes  
No

Employer:

Supervisor:

2. Are you a SNAP recipient?

Yes (Please reach out to SNAP  
Employment and Training Program  
Coordinator before completing application.)  
No

Start Date:

Hourly Wage:

Job title:

8. Which specific program are you interested  
in? (Please note if awarded scholarship  
will cover the cost of one program per  
year.)

Certified Nursing Assistant (CNA)  
Patient Care Technician (PCT)  
Electrocardiogram Technician (ECG)  
Phlebotomy Technician  
Welding  
Commercial Driver's License (CDL)

3. Have you attended WIOA orientation?

Yes (Please attach copy of referral.)  
No (Please attend an orientation and  
attach copy of referral.)

6. Are you registered with SC Works?

Yes (Please list username.)  
No (Please register at scworks.org and  
list username.)  
SC WORKS Username:

9 Will you receive any financial assistance  
from an employer, community resource  
(WIOA, SNAP, Project Hope, etc.) for  
tuition, fees or books/supplies  
Yes No If yes, please list source:

4. Are you participating in WIOA program?

Yes  
No

7. Have you received a scholarship from  
Continuing Education within the last year?

Yes  
No  
(Please note preference will be given  
to students who have not received a  
scholarship within the last year.)

10. Scholarship amount requested

5. Are you currently employed?

Yes (Please list employment  
information.)  
No

\$

Please tell us why you should receive this scholarship. (Please feel free to attach additional sheet if needed.)

Please read the following statements:

- All information is true and correct to the best of your knowledge
- I understand this application may not be approved
- I understand that I am required to contact Continuing Education with any employment information
- I understand if I am unable to contact Continuing Ed. I give them permission to contact me to collect employment information
- If false or misleading information is used, scholarship funds may be withheld and student becomes 100% responsible for any fees and charges related to the course, to include collection fees
- 90% attendance rate is mandatory (If student fails course because of absences he/she will be REQUIRED to re-pay full cost of scholarship)
- I have read and understand the requirements and commitment associated with acceptance of this award.

Print Name:

Sign Name:

Date:

**FOR TCL CONTINUING EDUCATION OFFICE USE ONLY:**

Date received by TCL Continuing Education:

Date recipient notified:

Ever received continuing education scholarship:    Yes    No

Class registered for:

If yes, last year received

TCL Rep Signature:

Successful in classes taken at TCL:    Yes    No

Awarded Scholarship:    Yes    No    If no, why not?