Program of Interest:	
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Economic Development & Continuing Education APPLICATION FOR WORKFORCE PATHWAYS SCHOLARSHIP CONTINUING EDUCATION PROGRAM

Personal Information	1				
Last Name	First Nan	e	Middle/Maidei	n Name	Jr./Sr.
			Yes	No	
Social Security Number			Proof of SC Res	idency	County of Residence
					/ /
Gender*	Race*			Date	e of Birth: Month/Day/Year
*This voluntary infor	mation is for reporting purp	oses only and has no effe	ect on selection for th	is program.	
Contact Information					
Mailing address:					
	Street/Number	City	State	?	Zip
Phone 1	Phone 2		E-mail address		
Program required inf	formation				
				•	D, or college transcript and/or current f of South Carolina residency.
current drug screen		ninal background check a	_		ograms will be required to provide a to PTC). Applicants with felony
	over: Tuition and fees up to				
	ts vary by program, but may	-	SLED or national back	kground check, a	and any additional program
	lined by the Program Manag		ts and others working	g for the college	or on its behalf and its respective
				-	ording, name, picture, and likeness,
			- '		ever for purposes of advertising,
		-			no right of approval, no claim,
	conflict with any existing co		nation, or right of put	olicity arising out	of any use. I agree that this release
Scholarship awards a	are based on classroom and	funding availability and	are first come, first se	erved. This is not	a scholarship competition.
	ead and understand all prog ge. I will successfully compl				ation are true and complete to the
Signature of Applic	cant				Date Control of the C

It is the policy of Piedmont Technical College that no discrimination on the grounds of race, color, disability, religion, gender, sexual orientation, age, marital status, veteran status, gender identity, pregnancy, or national or ethnic origin will exist in any area of the college.