

# Short-Term Training Scholarship

## PCC Foundation

2022 Student Application

**Instructions:** Complete this application and return to the Program Director of the pathway.

### Personal Information:

Full Name \_\_\_\_\_ County \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

**Must be enrolled in a credentialing program of at least 96 hours leading to a State or industry-recognized credential.**

- |   |  |
|---|--|
| <input type="checkbox"/> HVAC                       | <input type="checkbox"/> Advanced Manufacturing            |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Information Technology            |
| <input type="checkbox"/> Healthcare                 | <input type="checkbox"/> CDL Class A Truck Driver Training |

### Other Questions:

Have you or members of your family been directly or indirectly affected by COVID-19?

yes  no If yes, how? \_\_\_\_\_

I hereby declare that the information provided on this form is complete and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**To Be Completed by Program Director :** \_\_\_\_\_

No Business Office Holds and the tuition balance is \$100

Student ID \_\_\_\_\_ Course Name \_\_\_\_\_

Instructor \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Use this space for any changes after submittal (include date of change)

### *For Office Use Only – PCC Foundation*

DATE RECEIVED: \_\_\_\_\_

DATE REVIEWED: \_\_\_\_\_

#### \$100 Tuition

APPROVED  DENIED

Approved by: PCC Foundation

#### Exam

APPROVED  DENIED

\_\_\_\_\_  
Approved by: Instructor Name

#### NOTES: