

# Short-Term Training Scholarship

## PCC Foundation

2022-2023 Student Application

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

### Personal Information:

Full Name \_\_\_\_\_ Course \_\_\_\_\_

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

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

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

Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

**Students must complete NC Residency Determination Service (RDS) using the following link:**

<https://ncresidency.cfnc.org/residencyInfo/>

RDS Completed--RCN #:

HVAC

Emergency Medical Services

Healthcare

Advanced Manufacturing

Information Technology

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.

GEER: Tuition balance is \$100

Student ID \_\_\_\_\_ Course Name/Funding Source \_\_\_\_\_

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: \_\_\_\_\_

APPROVED

DENIED

PCC Foundation

APPROVED

DENIED

**APPROVED:**

Approved by: PCC Foundation



**Scholarship Program  
Photograph and Publicity Release Form**

I, \_\_\_\_\_, hereby give my college, the North Carolina Community College System (NCCCS) and scholarship donor, permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the donor's activities. I agree that the NCCCS has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the organization's education missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet.

I acknowledge that I will not receive any compensation for the use of such pictures, etc., and hereby release the *NCCCS, scholarship donor* and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

***I give my consent*** to the North Carolina Community College System (NCCCS) and scholarship donor to use my name and likeness to promote the Scholarship program, education, and/or their activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Parent/Legal guardian (if age 17)

\_\_\_\_\_  
date

***I do not give my consent*** to the North Carolina Community College System (NCCCS) and scholarship donor to use my name and likeness to promote the Scholarship program, and/or their activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Parent/Legal guardian (if age 17)

\_\_\_\_\_  
date