



JOB TRAINING
SCHOLARSHIP PROGRAM

Application

Name: _____

Social Security Number: _ _ _ - _ _ - _ _ _

Neighborhood: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: Home: _____ **Work:** _____ **Cell:** _____

Email: _____

How did you hear about us? _____

Were you referred by a specific person? _____

(please list name)

Marital Status: (check one)

____ Married

____ Separated

____ Widowed

____ Divorced

____ Single

Race: (check one)

____ American Indian or Alaska Native

____ Asian

____ Black or African American

____ Hispanic or Latino

____ Native Hawaiian or Pacific Islander

____ White

____ Other _____

Gender: (check one)

____ Male

____ Female

Date of Birth: _____

Highest Education Level Completed: (check one) **copy of diploma or GED required*

- | | |
|---|---|
| <input type="checkbox"/> High School/GED | <input type="checkbox"/> Graduate Studies |
| <input type="checkbox"/> Vocational/Technical Program | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Some College/University | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> BA/BS | |

Current or Previous Employer:

Employer Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Supervisor:** _____

Position Title: _____ **Gross Monthly Salary:** _____

1. Are you currently employed? _____
2. Do you have any financial resources? _____
3. Do you receive financial support from any family members? _____
4. Do you receive Supplemental Security Income (SSI)? _____
5. Do you receive Social Security Disability Insurance (SSDI)? _____
6. Do you receive Social Security? _____
7. Do you receive General Public Assistance? _____
8. Do you receive Temporary Aid to Needy Families (TANF)? _____
9. Do you receive child support? _____
10. Do you receive Veterans Affairs (VA) benefits? _____
11. Do you receive unemployment income? _____
12. Do you receive Medicare? _____
13. Do you receive Medicaid? _____
14. Do you receive food stamps? _____

15. Do you have any other sources of income, and if so, what are they?

16. How much money have you received in the past 30 days from your source of income?

This program adheres to and complies with the Drug Free Workplace Act. All applicants selected to participate will be accepted into the program contingent upon successful completion of all pre-screening processes such as, but not limited to the following: Drug/Alcohol Screening Test and SLED/NCIC Background Check. Failure to successfully complete this process may be cause for TN Development Corporation and Eau Claire Development Corporation to withdraw your application.

Criminal Convictions

1. Have you ever been convicted of any criminal offense(s) ever? Yes or No

If YES, list below information of All Convictions			
Convictions	Where Convicted/Arresting Authority & City/State	Date (Mo/Yr)	Court Disposition
If more space is needed, attach additional sheet(s) of paper.			

Personal & Family Information

1. Are you disabled? _____
2. Are you or could you be pregnant? _____
3. If so, when is your due date? _____
4. Do you have children? _____ If so, how many? _____
5. Do you have child care to attend day classes? _____.
6. Do you have child care to attend evening/night classes? _____
7. How many family members live in your household? _____

8. Please list them below:

Family Members

Name	Relationship	Age	Gender	Annual Gross Income

9. How long have you lived at your current residence? _____

10. What will be your form of transportation for getting back and forth to class?

11. Please list any other agencies that assist you and/or your family:

Please submit your application to one (1) of the following:

Mail: TN Development Corporation
Job Training Program
1225 Lady Street, Suite 201
Columbia, SC 29201

E-Mail: jobtraining@columbiasc.net

Fax: (803) 545-3772