

GTCC CORPORATE AND CONTINUING EDUCATION SCHOLARSHIP APPLICATION ACADEMIC YEAR 2018-2019

List the area or specific course number for which you wish to apply							
Full Name of Scholarship Applicant							
Address			Phone		E-Mail		
Target Group Affiliation (Check all that apply)						Gender	
<input type="checkbox"/>	Unemployed / Underemployed Adult <i>Provide Printout from NCWorks</i>	<input type="checkbox"/>	NC National Guard Member <i>Provide Verification from Unit Command</i>	<input type="checkbox"/>	Military Veteran or Spouse <i>Provide DD214 or DD2</i>	<input type="checkbox"/>	Underserved Populations: Specific Workforce Sector or Area Specify: _____
						<input type="checkbox"/>	Female
						<input type="checkbox"/>	Male
Current Employment Status		Ethnicity					
<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	African American	<input type="checkbox"/>	Hawaiian/Pacific Islander	<input type="checkbox"/>	Non-Hispanic/Latino
<input type="checkbox"/>	Underemployed*	<input type="checkbox"/>	American/Alaskan Native	<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>	Employed Full-Time	<input type="checkbox"/>	Asian				

List your monthly income	
From which school did you receive your High School diploma or GED?	
How would you pay for the course(s) if you do not receive the scholarship?	
List any other Scholarships you have applied to receive?	
Do you plan to enroll in further training?	
If yes, what future training do you plan to seek?	

Briefly explain your career objectives/goals and why you are requesting financial assistance to help meet them?

Student Signature: _____

Completed applications should be sent to: ejapple@gtcc.edu