



TECHNICAL /HEALTH SCHOLARS SPONSORSHIP APPLICATION

Please complete the application and submit it along with a copy of (1) your Resume and (2) your *unofficial* transcript to: Career Services, Suite 174, Student Services Building. Please use black/blue ink to complete the form.

Name:			Student ID:		
Address:	Street/PO Box		City	State	Zip Code
Phone #:	Sileen O Dox	Email:	Chy	State	Zip Coue
Program of Study:			*Current GPA:		
Start Date:	Expected Date of Completion:				
	Month Year		Mor	th Year	
*If you are a first semester s	student, you may need to p	rovide your High School GPA.			

COMPANY INFORMATION

I am applying for a Technical/Health Scholars opportunity with the following company (ies):

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, Spartanburg Community College must obtain written consent from a student before releasing any educational information regarding the student to a third party. Noted by my signature below, I do hereby authorize Spartanburg Community College to provide information to the employer(s) listed above to support my application for Technical/Health Scholars program/experience, including my resume, my transcript, Work Keys scores, and my mid-point and/or final GPA.

CAREER GOALS

Please provide a summary statement about your career goals and how you feel participation in the Technical/Health Scholars program will support these goals.

I understand that false statements on my behalf may disqualify me from participation in the Technical/Health Scholars program and/or from employment with the sponsoring company. I also understand that the sponsoring company may require drug testing, physical examinations, or other screenings as part of their application process. My signature provides Spartanburg Community College with permission to release documents needed for application to the Technical/Health program.

Signature

Date

Spartanburg Community College does not discriminate on the basis of race, color, religion, age, sex, national origin/ethnic origin or disability in its admissions policies, programs, activities, or employment practices.

For Office Use Only: Application received on _____