



Job Scholars Program Application Form

Program Application

Applicant Information

Full Name: _____ Date: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

SSN: _____ DOB: _____

Race: _____ Gender: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been a Job Corps participant? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, please explain: _____

Do you receive services or assistance from:
 ___ *General Assistance*

___ *Food Assistance (SNAP)*

___ *Free/Reduced Lunch*

___ *Supplemental Security Income (SSI)*

___ *Social Security Disability Insurance (SSDI)*

___ *Temporary Assistance to Needy Families (TANF)*

___ *Foster Care*

___ *Veterans' Administration*

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

_____ _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Emergency Contact Information

Please list an emergency contact.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Preferred Method of Contact

Cell phone: _____

Email: _____

What is your preferred method of contact? _____

Would you like to receive text messages regarding the program? YES NO

How did you find out about the Job Scholars Program? _____

What career area are you interested in? _____

Disclaimers and Signature

I certify that my answers are true and complete to the best of my knowledge and will be used to help determine my eligibility for the Blue Ridge CTC Job Scholars Program.

I consent to a background check in order to be admitted to the Blue Ridge CTC Job Scholars Program.

I consent to register for Selective Service as required by law.

If this application leads to my acceptance into the program, I understand that false or misleading information in my application may result in my termination from the program.

Parents of Job Scholars participants under the age of 18 acknowledge their child will be attending college and training in an adult environment. The parents are responsible for making sure their child stays on campus during training. If the parent is concerned about the whereabouts of their child they are welcome to stay on campus during the times the child is attending. The Personal and Career Counselors and/or the Employment Counselors are not responsible if the child leaves the campus unattended. Parents agree to monitor the child's behavior and whereabouts and hold harmless Blue Ridge Community and Technical College and employees for any actions or accidents that occur because the child leaves our campus unattended. Parents also acknowledge that some trade training programs can be dangerous and acknowledge that they give their child permission to attend the training acting as an adult. Some training programs at Blue Ridge Community and Technical College require students to be 18 years of age to participate. Parents and students hold harmless Blue Ridge Community and Technical College and employees for accidents that occur during training.

Signature: _____ Date: _____

Parent/Legal Guardian (if applicant is under 18): I certify by my signature below that the information provided in this application is correct to the best of my knowledge and that, if accepted, my dependent may participate in employment and training programs.

Signature: _____ Date: _____