Veterans Scholarships for Quick Jobs Courses

Skilled Trades Training
- CNC Operator
- Welding
- Mechatronics

Healthcare Training
- Direct Patient Care
- Indirect Patient Care

IT (Information Technology) Training
- A+ Certification
- Network+ Certification
- Cisco Certification

Eligibility Requirements
- Honorable Discharge
- Meet Criteria for Training Program
- Meet Veteran Committee Selection Requirements

Steps to Follow for Consideration
1. Choose the training program for you and meet with the Program Manager to discuss entrance requirements.
2. Complete Application Packet
3. Interview with Veteran Committee Member

Learn more about the Training Options online (www.gvltec.edu/EDCT), at the monthly Quick Jobs Open House at the Buck Mickel Center or call (864) 250-8249.

Short-term Instruction Simulates Real World Application

Hands-on Training for Job Skills and Certification Courses Matching Local Employer Requirements

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Greenville Technical College provides equal opportunity and affirmative action in education and employment for all qualified persons regardless of race, color, religion, sex, national origin, age, disability, sexual orientation, or veteran status.
Veterans Scholarship Agreement

PART ONE - TO BE COMPLETED BY STUDENT:

Approved Course Options: Skilled Trades
Healthcare (Direct Patient Care)
Healthcare (Indirect Patient Care)
Information Technology

Course # __________________________ Course Title __________________________
Start __________________________ End __________________________
Days of Week _______________ Times _______________ Course Fees __________________________
Signature of Student __________________________

1. Entrance Requirements
I met with the program manager and have met the entrance requirements and have been approved for
above program. ☐ Yes ☐ No

2. Military Veteran Status: Honorable Discharge Validation ☐ Yes ☐ No

Branch of Service: __________________________

PART TWO - TO BE COMPLETED BY PROGRAM DIRECTOR:

1. Student has met entrance requirements and has been accepted into the program. ☐ Yes ☐ No
The program will begin __________________________

_____________________________ __________________________
Signature of Program Director Date

**Bring completed form to Steve Hand, Buck Mickel Center Room 223.**