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

Short-term Instruction Simulates Real World Application
Hands-on Training for Job Skills and Certification Courses Matching Local Employer Requirements

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Quick Jobs Director
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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

Student’s Name ________________________________________________

Address _______________________________________________________

Phone # ___________________________ Email ________________________

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.**