SCATD Tools-for-Techs
APPLICATION

Apprenticeship Carolina™, a division of the SC Technical College System (SCTCS), and SCADA are required or otherwise authorized by 29 Code of Federal Regulations Part 29 and the Terms and Conditions of the U.S. Department of Labor (USDOL) grant to collect the following information on each participant for which a reimbursement will be requested. The information below will always be kept strictly **confidential** and used solely for the purposes of data collection and reporting to USDOL as required by this grant.

At no time will any of the information you provide on this form be shared with anyone other than the applicable technical college, Apprenticeship Carolina/SCTCS staff and USDOL employees involved with the grant.

Failure to complete all fields will result in your request being denied or delayed.

Are you currently or have you ever enrolled in a registered apprenticeship in South Carolina where the cost of any training, tuition, books, supplies and/or tools were covered for you? _____

Section A: Program Employer/Sponsor Information

☐ Currently employed at a Dealership ☐ NOT employed at a Dealership

Employer/Dealership: _____ Hourly Wage/Pay Rate: $_____

Leave BLANK if not currently employed by a SC new car dealership

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Section B: Background & Demographic Information

Legal First Name: _____ Legal Last Name: _____ Suffix: _____

Address: _____ Suite/Unit/Apt: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____

Are you under the age of 18? _____ Name of Parent/Guardian if under 18: _____

Gender: ☐ Male ☐ Female ☐ Prefer not to answer

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Prefer not to answer

Race: _____ Disability: ☐ Yes ☐ No ☐ Prefer not to answer

Veteran Status: ☐ Yes ☐ No ☐ Prefer not to answer

Education & Employment Information

Current High School / Career Center / Technical College: _____

Current or Most Recent **Automotive** Instructor: _____

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Highest School Grade Completed: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Highest Education Level at Program Entry: _____

School Status at Program Entry: _____ Graduation Date : _____

Have you previously been employed by a SC new car Dealership? If yes, please give Dealership name and employment dates:_____

Automotive training and/or educational courses: (Check all that apply)

- ☐ ASE certification courses
- ☐ Non-ASE certification courses
- ☐ Automotive Factory and/or manufacturer training or courses (i.e. – BMW, GM, Nissan, FORD, Honda, Etc.)
- ☐ Other relative education and/or work experience. If so, list below
- ☐ None of the above

Automotive Factory, manufacturer, and/or other relative education and work experience.
Please list or describe: _____

What SC county/counties are you interested in being placed in? _____

Why are you interested in the SCATD Program?

Why do you feel you are a good fit for the SCATD Program? How will this experience benefit you?

Is there a particular franchise (i.e - Subaru, Ford, Etc.) or Dealership that you do **NOT** wish to be placed with?

_____ Do you have transportation? _____

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References

Professional or Educational Reference #1: (Include Name, Email, Phone, Title/Workplace)

Professional or Educational Reference #2: (Include Name, Email, Phone, Title/Workplace)

Section C: Release of Information

By signing below, you verify that all information provided herein is both true and accurate. Your signature (1) authorizes SCADA, your employer and the applicable technical college to provide this information to Apprenticeship Carolina/SCTCS and (2) permits SCADA and Apprenticeship Carolina/SCTCS to use such information for purposes consistent with the grant. Failure to complete this form in its entirety may result in the delay or denial of USDOL funding for your coursework, supplies or tools.

To sign this form electronically while using Adobe Reader or Adobe Acrobat, you may either type your name in the signature box below, or you may select the 'Sign Document by Typing or Drawing a Signature' button in the toolbar above.

Applicant's Signature: _____

Date (mm/dd/yyyy): _____

A parent/guardian signature is required for all participants under 18 years of age.

Parent/Guardian Signature: _____

Date (mm/dd/yyyy): _____

Submission of this application constitutes your acknowledgment that (1) you are applying to receive grant funding which will be applied towards the cost of tools and a toolbox; (2) this document is being provided in connection therewith; (3) SCADA and Apprenticeship Carolina make no guarantee or other representation as to whether you will receive approval for this program and any such funding. Apprenticeship Carolina will, in its sole discretion, determine grant eligibility based on funding availability and in accordance with applicable guidance provided by the United States Department of Labor; and (4) you acknowledge that ownership of any tools and toolbox provided by this program is contingent upon completing a two-year paid apprenticeship with a SC new car Dealership along with any required training and job-related education. Termination of employment by the applicant or Dealership will void your program participation, cancel your apprenticeship and any tools and toolbox provided at time of apprenticeship will be forfeited, and must be left with the Dealership.

Submit this application via:

Email: ckenyon@scada.org
Mail: 526 Hampton Street, Columbia, SC 29201
Fax: (803) 252-5965