

SC CompTIA IWT Scholarship

B. Employer Application

SECTION 1. Business Information			
Business Name:			
Authorized Business Representative:			Title:
Phone:	Email:		
Company Website Address:			
BUSINESS ADDRESS			
Street/Mailing Address:			City:
State:	County:		ZIP:
BUSINESS SUMMARY			
Date of Inception:	Years in Business:	Total number of employees at this business location:	
Is your business current on all State of South Carolina tax obligations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your business currently receiving the same or similar training through another funding source?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please identify the funding source and type of training/consulting services:			
Does your business use SC Works Services? If your business is not currently using SC Works Services, we encourage you to create a SC Works Online Services account at https://jobs.scworks.org/			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your business committed to retaining employees that successfully complete the SC CompTIA IWT Scholarship program?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Explain in detail how your business will benefit from your employees participating in the training to become certified in A+ or Security+:			

SECTION 2. Training Project			
Each employee is allowed to receive a scholarship for one course – A+ <u>OR</u> Security+. Enter the chosen training’s start date from the <i>Training Schedule – Start Dates</i> section listed below into the TRAINING DATE fields in Training #1 CompTIA A+ and/or Training #2 CompTIA Security+ sections.			
Training Schedule – Start Dates			
January 10, 2022	April 4, 2022	July 11, 2022	October 3, 2022
February 7, 2022	May 2, 2022	August 1, 2022	November 7, 2022
March 7, 2022	June 6, 2022	September 12, 2022	December 5, 2022
TRAINING # 1 CompTIA A+			
PARTICIPANT INFORMATION			
NAME:	JOB TITLE:	WORK EMAIL:	TRAINING DATE:
NAME:	JOB TITLE:	WORK EMAIL:	TRAINING DATE:
NAME:	JOB TITLE:	WORK EMAIL:	TRAINING DATE:
NAME:	JOB TITLE:	WORK EMAIL:	TRAINING DATE:
NAME:	JOB TITLE:	WORK EMAIL:	TRAINING DATE:
TRAINING # 2 CompTIA Security +			
PARTICIPANT INFORMATION			
NAME:	JOB TITLE:	WORK EMAIL:	TRAINING DATE:
NAME:	JOB TITLE:	WORK EMAIL:	TRAINING DATE:
NAME:	JOB TITLE:	WORK EMAIL:	TRAINING DATE:
NAME:	JOB TITLE:	WORK EMAIL:	TRAINING DATE:
NAME:	JOB TITLE:	WORK EMAIL:	TRAINING DATE:

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SECTION 3. Certification by Authorized Business Representative

I hereby certify that I am an authorized representative of the business named above, with the authority to commit the business to legally binding contracts and agreements. I further certify that the information given as part of and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any funds approved through this program.

This application does not constitute a contractual agreement. If any portion of the application is approved, a formal agreement between parties will be executed to obligate scholarships for the approved training. Training may not start prior to the effective date of the agreement.

Signature:	Title:
Print Name:	Date:

Please submit completed form to workforcedevelopment@dew.sc.gov