

Staff Use Only:

Council District 28

This application is a Reappointment

New Appointment

Attendance Record: _____

GREENVILLE COUNTY BOARDS AND COMMISSIONS APPLICATION

Thrive Upstate

(Name of Board or Commission to which you are applying)

An individual may only apply to serve on one board or commission during any election cycle.

In order for your application to be given consideration, it is critical that you answer all of the following questions as completely as possible.

Mr Mrs Ms Miss Name Dr. Tiffany Scott

Home Address 142 Oak Park Drive City Mauldin

****You must be registered to vote in Greenville County at the time of application**

Occupation Speech Pathologist

Employer Greenville County Schools

EmployerAddress 301 E. Camperdown Way
Greenville, SC 29602

Highest Degree Earned PhD

School Attended Univ. of GA, Univ. of W.Georgia, Capella Univ.

Field Of Study Linguistics, Speech Pathology, Educational Psychol

Volunteer Experience _____

2010-2013 Woodmont Middle School, School Improvement Council

2012-2013 Flat Rock Baptist Church- Summer Enrichment Program, Director

2014- 2015 Dr. Fisher Middle School- PTSA, Vice President of Programs

2014- 2017 Big Brothers Big Sisters of the Upstate- Advisory Council Member

2014- present Delta Sigma Theta Sorority, Inc .

Describe your understanding of the role of a member of the board or commission to which you are applying _____

I understand the the purpose of Thrive Upstate is to provide people with disabilities excellent service, accommodations, opportunities, and support in our community. As a Board member, I understand that i would be tasked with ensuring that people with disabilities in the Upstate are thriving within our community by receiving the the best care and support so that they may be contributing members of our community.

What specific skills do you believe you could contribute as a member of this board or commission? _____

As a Speech Pathologist, I have worked with children of all ages who have a variety of abilities and disabilities. I bring with me a wealth of knowledge about the kinds and quality of services and opportunities that people with disabilities need in order to be successful citizens. I also bring my passion and enthusiasm for working with and advocating for people with disabilities.

How many hours/week are you available to give to this board of commission?

8-10

Have you ever attended a meeting of this board or commission?

Yes No

Are you available to meet at the regularly scheduled date and time of the board or commission meeting?

Yes No

Do you, any member of your immediate family, or a business with which you or a family member is associated, provide goods and/or services to this board for payment?

Yes No

Do you or any member of your immediate family receive direct services from this board?

Yes No

Have you ever been convicted of a crime other than a minor traffic violation? If so, please give details

Yes No

Do you currently hold any elected or appointed office or commission?

No

If yes, list

Have you previously held any elected or appointed office or commission?

No

If yes, list

Have you ever been fined for any ethics violations?

No

If so, please explain

Have you ever been subject to penalty relating to a violation of State ethics standards?

No

If so, please explain

Are you current in payment of Greenville County property taxes?

Yes No

If applying for the Accommodations Tax Advisory Committee
the Construction Board of Appeals or the Historic Preservation Commission please check
the box that applies to your field of employment or expertise:

Accommodations Tax Comm.

- Tourism Industry
- Cultural / Arts
- Restaurant
- Hotel Management

Historic Preservation Comm.

- Archeologist
- Historian
- Architect
- Member of Historic
Preservation Group

Construction Board of Appeals

- Architectural
- Fire Protection Eng / Contractor
- Electrical Engineer / Contractor
- Design/Architectural / Professional Contractor
- Structural Engineer / Contractor
- Mechanical Engineer / Contractor
- Plumbing Engineer / Contractor

Statement

By my signature, I state that all information contained in this application is true and accurate to the best of my knowledge.

I understand it is my responsibility to insure my application is submitted within the application period and that it has been received by the County Council Office.

I understand my appointment to the board for which I am applying will not result in me receiving any compensation for my service.

I understand my lack of attendance resulting in three consecutive meetings or 25% of all meetings within a year may result in my removal from the board.

Signature _____

Date _____

Please return completed form by mail, fax or email to:

**Greenville County Council
301 University Ridge, Suite 2400
Greenville, SC 29601-3665**

Fax: (864) 467-7358

rmccaskill@greenvillecounty.org

If you have questions, please call 467-7115 or check the www.greenvillecounty.org website.