Bleckley Memorial Hospital Allied Health Scholarship

offered by the
OFTC Foundation *South* at Oconee Fall Line Technical College

The Bleckley Memorial Hospital Allied Health Scholarship will be awarded to a Bleckley County student enrolled full-time at Oconee Fall Line Technical College (OFTC). The scholarship was established by Bleckley Memorial Hospital.

The purpose of the scholarship is to award a full-time (12 credit hours) student from Bleckley County, who has a genuine desire to complete a diploma or degree in any allied health field, through attaining academic excellence, while exhibiting outstanding moral character and a determination to succeed in life. The scholarship is also need-based.

The Bleckley Memorial Hospital Allied Health Scholarship packets will be disseminated during the second week of Fall Semester. The monetary stipend will be awarded for two (2) semesters (fall & spring), and will be paid by a check from the OFTC Foundation South to the student recipient upon successful completion of the fall and spring semesters. Scholarship recipients must submit their semester grades to the OFTC Foundation *South* before each stipend is awarded.

A **completed** application must be submitted directly to the Executive Director of the South Foundation at OFTC by either mail, email scan, or in person. Applications are due by mid-term of the semester, as published in the OFTC official catalog.

Mail: OFTC South Foundation, 560 Pinehill Road, Dublin, GA 31021
Email: jshuman@oftc.edu , 478-296-6117
Office: Jenny Shuman, Louie Livingston Hall, B06 (2nd floor), South Campus, Dublin

Bleckley Memorial Hospital Allied Health Scholarship

OFTC Foundation *South* Scholarship Program

Open to a Bleckley County student enrolled full-time in a diploma or degree program at Oconee Fall Line Technical College's South Campus.

Purpose of Scholarship: To award a Cochran-Bleckley County resident who is enrolled full-time at Oconee Fall Line Technical College's South Campus.

APPLICATION

PERSONAL INFORMATION

Name_____ Date _____

Gender __M __F Marital Status __Married __Single Date of Birth _____

Student Identification #_____Cumulative GPA_____

Phone Home_____ Work _____ Cell _____

E-mail address _____

Home address _____

Mailing address (if different from home) _____

_____

Program of Study_____Semester enrolled_____

I am enrolled as a full-time student (12+ hours) _____Yes _____No

DEPENDENTS

Do you have children or other dependents? __ Yes __ No
If so, please list their names, ages, and relationship to you. _____

_____

SOURCES OF SUPPORT

Please list everyone who contributes to your financial support. _____

_____

If you are being supported by your parents, please list names and ages of all siblings._____

_____

Have you applied for any other scholarships? __ Yes __ No

If yes, please list: _____

Have you been notified by any other scholarship source that you will receive a scholarship for next year? __ Yes __ No

If yes, give source and amount. _____

Briefly describe your financial need (may use additional pages). _____

_____

_____

_____

Please list three references (instructors, clergy, former employers, etc) and give each reference the attached personal reference form to complete and return to: Executive Director, OFTC Foundation *South*, 560 Pinehill Road, Dublin, Georgia 31021.

_____

_____

_____

_____

Please briefly explain when you first became interested in this field, and if you have circumstances or individuals that influenced your decision to go into technical education (may use additional pages)

_____

_____

_____

_____

_____ _____

Applicant's Signature Date

PLEASE INCLUDE ENROLLMENT VERIFICATION FOR CURRENT SEMESTER.

Bleckley Memorial Hospital Scholarship

PERSONAL REFERENCE

Name of applicant_____

1. How long have you known the applicant and in what capacity?_____
2. What do you consider the strengths or weaknesses of the applicant?

   _____

   _____
3. Do you place full confidence in this applicant's integrity? If not, please explain._____

   _____
4. Does the applicant possess any traits that might be prohibitive to his/her chosen career field?

   _____

   _____
5. Please indicate your endorsement of the applicant as a suitable candidate for this scholarship:

   ☐ Endorse with enthusiasm

   ☐ Endorse

   ☐ Do not endorse
6. Please provide any additional comments_____

   _____

   _____

_____ _____

Printed Name Signature

_____ _____

Date Telephone #

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