OFTC Foundation South Allied Health Scholarship

A scholarship offered by the OFTC Foundation South

The OFTC Foundation South has established a scholarship program to aid full-time students who are enrolled in an allied health program (diploma or degree) at Oconee Fall Line Technical College’s South Campus.

The OFTC Foundation South Allied Health Scholarship is made possible by contributions from the Fairview Park Hospital Auxiliary. The scholarship is a $250 award for two semesters (fall and spring) and will be awarded to students who are in good academic standing with the college and are enrolled in at least 12 credit hours of “in-program” classes for the semester for which they are requesting assistance. The scholarship is based on financial need and may be awarded to students who receive other scholarship awards. Applications will be available after the second week of the fall and spring semester and will be awarded during the mid-term of the semester, as posted in the official OFTC catalog. Two letters of reference are required.

Priority will be given to applicants who demonstrate the most financial need, and the announcement of the award recipients will be made in letter form, delivered to the address of the recipient, and mailed or delivered from the OFTC Foundation South.

Please complete the attached application and return it to:

Executive Director
OFTC Foundation South
560 Pinehill Road
Dublin, GA 31021
OFTC Foundation South Allied Health Scholarship

Open to full-time students who are enrolled in an allied health credit program (diploma or degree) at Oconee Fall Line Technical College South Campus.

APPLICATION

PERSONAL DATA

Name______________________________________________ Date_____________________

Gender __M __F Marital Status __Married __Single Date of Birth _________________

Student Identification # ___________________ Program of Study___________________

Current Semester Enrolled __ Fall __ Spring

I am a full-time student and am registered for at least 12 credit hours in program classes
_____ Yes _____ No

Phone: Home_________________ Work __________________ Cell ____________________

E-mail address ________________________________________________________________

Home address ________________________________________________________________

Mailing address (if different from home) __________________________________________

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

SOURCES OF FINANCIAL SUPPORT

Please list everyone who contributes to your 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 an award?
____Yes ____No
If yes, give source and amount. ___________________________________________________

Do you receive?  ______HOPE ________PELL  __________Unemployment

Briefly describe your financial need and/or special hardships you would like for the committee to consider when reviewing your application.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Briefly describe why you chose to pursue a career in your trade. What made you decide on a technical career and why did you choose this trade? ________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Have you been awarded this scholarship before? ____ Yes   ____ No   If so, give dates.____________

Please attach proof of registration for the semester you are requesting assistance.

________________________________________

Student’s Signature/Date

Return completed applications to:
Executive Director,
OFTC Foundation South
560 Pinehill Road
Dublin, GA  31021
Allied Health Scholarship
PERSONAL REFERENCE

Name of applicant_________________________Your Name__________________________

1. How long have you know 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_____________________________
__________________________________________________________________________

Signature/Date

__________________________________________________
Position/Employer/Telephone #

Please mail to: OFTC Foundation South, 560 Pinehill Road, Dublin, Georgia 31021.
THESE ARE CONFIDENTIAL.
Allied Health Scholarship
PERSONAL REFERENCE

Name of applicant_______________________Your Name_____________________________

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_____________________________________
   ____________________________________________________
   ____________________________________________________

__________________________________________________
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