Bill and Vickie Cheek Heartland EMS Scholarship
offered by the
OFTC Foundation South at Oconee Fall Line Technical College

The Bill and Vickie Cheek Heartland EMS Scholarship will be awarded to a Bleckley County student enrolled at Oconee Fall Line Technical College’s South Campus (OFTC). The scholarship was established by Bill and Vickie Cheek.

The purpose of the scholarship is to award a student from Bleckley County, who has a genuine desire to complete a diploma or degree in Emergency Medical Services (EMS, Paramedicine), through attaining academic excellence, while exhibiting outstanding moral character and a determination to succeed in life. The scholarship is also need-based. Preference will be given to students who are enrolled full-time (12 credit hours).

In the event there are no applicants who meet the Emergency Medical Services criteria listed above, the scholarship will be awarded in the following sequence.

- A student from the Service Area for the South Campus of OFTC, who has a genuine desire to complete a diploma or degree in Emergency Medical Services (EMS, Paramedicine), through attaining academic excellence, while exhibiting outstanding moral character and a determination to succeed in life. The scholarship is also need-based. Preference will be given to students who are enrolled full-time (12 credit hours).

- A student from the Service Area for the South Campus of OFTC, 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. Preference will be given to students who are enrolled full-time (12 credit hours).

The Bill and Vickie Cheek Heartland EMS Scholarship packets will be disseminated during the second week of Fall Semester. The monetary stipend of $500/semester will be awarded to one (1) student for two (2) semesters (fall & spring), and will be paid by a
check from the OFTC Foundation South to the student recipients upon successful completion of the fall and spring semesters. Scholarship recipients must submit their semester grades to the Executive Director of the South Foundation 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: oftcfoundation@oftc.edu      Phone: 478-296-6117
Office: Executive Director, Louie Livingston Hall, B06, South Campus, Dublin, GA
Bill and Vickie Cheek Heartland EMS Scholarships
OFTC Foundation South Scholarship Program
Open to a Bleckley County student enrolled 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 at Oconee Fall Line Technical College’s South Campus. Preference will be given to a full-time student enrolled in the Emergency Medical Services Program.

**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 and include sources of income (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.
Bill and Vickie Cheek Heartland EMS 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 #

Please mail to: Executive Director, OFTC Foundation South, 560 Pinehill Road, Dublin, Georgia 31021. THESE ARE CONFIDENTIAL.
Bill and Vickie Cheek Heartland EMS 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 a career in his/her chosen 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 # ____________________________

Please mail to:  Executive Director, OFTC Foundation South, 560 Pinehill Road, Dublin, Georgia 31021. THESE ARE CONFIDENTIAL.
Name of applicant_________________________________________________________

7. How long have you known the applicant and in what capacity?_________________________________________________________

8. What do you consider the strengths or weaknesses of the applicant?
_______________________________________________________________
_______________________________________________________________

9. Do you place full confidence in this applicant’s integrity? If not, please explain.________________________________________________________
______________________________________________________________

10. Does the applicant possess any traits that might be prohibitive to a career in his/her chosen field?
_______________________________________________________________
_______________________________________________________________

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

☐ Endorse with enthusiasm
☐ Endorse
☐ Do not endorse

12. Please provide any additional comments________________________________________
_________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

_________________________ ____________________________
Printed Name Signature

_________________________ ____________________________
Date Telephone #

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