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 distributed 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: oftcfoundation@oftc.edu,
Office: B06, Louie Livingston Hall, 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 ____________

Email 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 WITH THIS APPLICATION.
Bleckley Memorial Hospital Allied Health 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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Bleckley Memorial Hospital Allied Health Scholarship

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