The Brandon T. Lawrence scholarship is awarded annually to a graduating senior from Wheeler County High School who will enroll in Oconee Fall Line Technical College following high school graduation.

The scholarship is given in memory of Brandon Timothy Lawrence, age 15, who lost his life on February 6, 2004 in a car accident. Because of Brandon’s zest for life, high academic achievements, and love of people, his family established the scholarship.

Hence, the purpose of the scholarship is to award a student from Brandon’s high school, Wheeler County High, who has a genuine desire to complete a diploma or degree in technical education through attaining academic excellence, while exhibiting outstanding moral character and a determination to succeed in life.

The Brandon T. Lawrence Scholarship is $500 and a plaque. The monetary stipend is awarded at the rate of $250 per semester for two (2) consecutive semesters. The stipend will be paid by a check from the OFTC Foundation South to the student recipient upon successful completion of each semester and maintaining a cumulative grade point average of 2.5. Scholarship recipients must submit their semester transcripts to the OFTC Foundation South for the stipends to be paid.

A completed application, copy of high school transcripts, and completed personal reference are due by April 15. Awards will be made at the annual high school academic honors ceremony. To be eligible for consideration for this award, the applicant must apply to Oconee Fall Line Technical College and be accepted for the upcoming Fall semester.
BRANDON LAWRENCE SCHOLARSHIP
OFTC Foundation South Scholarship Program
Open to graduating Wheeler County High School seniors who will be enrolling in diploma or degree programs at Oconee Fall Line Technical College.

**Purpose of Scholarship:** In memory of Brandon T. Lawrence, a former Wheeler County High School student.

**APPLICATION**

**PERSONAL DATA**

<table>
<thead>
<tr>
<th>Name</th>
<th>SEX</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>SS#</td>
<td>Phone #</td>
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<tr>
<td>E-mail address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home address</td>
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<tr>
<td>Mailing address</td>
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</tbody>
</table>

**Program of Study**

<table>
<thead>
<tr>
<th>Program of Study</th>
<th>Semester enrolled</th>
</tr>
</thead>
</table>

**SOURCES OF SUPPORT**

Please list names and ages of all siblings who are supported by your parents.

Have you applied for any other scholarships? If yes, please list:

Have you been notified by any other scholarship source that you will receive a scholarship for next year? If yes, give source and amount.
REFERENCES

Please list three references (teachers, 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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CAREER INTEREST

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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

ACADEMIC QUALIFICATIONS

Are you currently enrolled at OFTC? 
Yes ☐  No ☐

________________________________________  ____________________________
Student’s Signature  Date

________________________________________  ____________________________
Nominating Principal’s Signature  Date

Return completed applications and a high school transcript to the
Executive Director
OFTC Foundation South
560 Pinehill Road, Dublin, GA 31021
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_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

_________________________  ________________________________
Signature                  Position

_________________________  ________________________________
Date                      Telephone #

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

Name of applicant_________________________________________________________

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capacity?______________________________________________________________

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_______________________________________________________________
_______________________________________________________________

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?
______________________________________________________________

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this scholarship:

☐ Endorse with enthusiasm
☐ Endorse
☐ Do not endorse

6. Please provide any additional comments________________________________________

______________________________________________________________

______________________________________________________________

Signature                                               Position

______________________________________________________________

Date                                               Telephone #

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