STOY FAMILY EQUIPPED-TO-WORK SCHOLARSHIP

Offered by the
OFTC Foundation-South at Oconee Fall Line Technical College

The Stoy Family Equipped-To-Work Scholarship will be awarded to a student enrolled full-time at Oconee Fall Line Technical College (OFTC). The Scholarship was established by the Dr. W. Michael Stoy Family.

The purpose of the scholarship is to award a full-time (12 credit hours) student attending OFTC, who is completing a diploma or degree in technical education, funding to purchase the necessary tools/equipment to enter their chosen profession upon the completion of their program of study. Candidates for this scholarship must maintain academic excellence and demonstrate outstanding moral character and a determination to succeed in life. This scholarship is need-based.

The Stoy Family Scholarship packets will be distributed during the second week of Spring Semester. A monetary stipend of up to $500 will be awarded after the registrar verifies the recipient’s successful completion of their program of study at the end of the Spring Semester. In addition, the recipient must demonstrate that they are currently employed or have a pending job offer in their program of study. Students who receive the TOOLS Grant are not eligible to apply for this scholarship.

Recipients approved for funding will make arrangements with the Foundation’s pre-approved professional vendors that supply their field to purchase their tools/equipment. The vendor will then bill the Foundation for the recipient’s purchase. Any purchases above the approved stipend will be the responsibility of the recipient. The list of approved vendors for each program of study can be obtained from the Foundation Office.

In the event that a recipient wishes to use a vendor not on the pre-approved list, the recipient must contact the Foundation Office and get the necessary approvals prior to purchasing any tools/equipment.

A completed application may be submitted directly to the Foundation Office by mail, email scan, or in person. Applications are due by mid-term of the Spring Semester, as published in the OFTC official catalog, that the student will complete their program of study.

Mail: OFTC Foundation-South, Inc. 560 Pinehill Road, Dublin, GA 31021
Email: oftcfoundation@oftc.edu
Office: OFTC Foundation-South, Louie Livingston Hall, B12 (2nd floor), South Campus, Dublin, GA 31021
STOY FAMILY EQUIPPED-TO-WORK
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
at Oconee Fall Line Technical College.

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________?

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
STOY FAMILY EQUIPPED-TO-WORK 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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________________________________________________________

________________________
Printed Name

________________________
Signature

________________________
Date

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Telephone #

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   - Endorse
   - Do not endorse

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   __________________________  __________________________
   Printed Name  Signature

   ________________  ________________
   Date  Telephone #

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