TOMMY BARLOW SCHOLARSHIP
offered by the
OFTC Foundation South

The Tommy Barlow Scholarship is awarded annually to an Automotive Technology student enrolled at Oconee Fall Line Technical College’s South Campus.

The scholarship is given in memory of Tommy Barlow, who tragically lost his life on April 6, 2014. Because of Tommy’s lifelong love and passion for repairing and restoring automobiles, his family established the scholarship.

The purpose of the scholarship is to carry on the memory of Tommy Barlow and to recognize an OFTC automotive technology student who shares the same interest and passion as he did.

The Tommy Barlow Scholarship is $100 and will be awarded during the spring semester. The stipend will be paid by a check from the OFTC Foundation South to the student recipient upon successful completion of spring semester. The student must also have a cumulative grade point average (GPA) of 2.5 and have completed at least 12 credit hours in the automotive technology program. Scholarship recipients must submit proof of enrollment and GPA with their application.

A completed application and completed personal references are due by the mid-term date as listed in the college catalog and should be turned in to the Executive Director in the Foundation Office located in B12, Louie Livingston Hall, or can be mailed to:

Executive Director, OFTC Foundation-South, Inc.
Oconee Fall Line Technical College
560 Pinehill Road
Dublin, GA 31021
TOMMY BARLOW SCHOLARSHIP
OFTC Foundation South Scholarship Program
Open to an eligible student enrolled in the automotive technology program at Oconee Fall Line Technical College, South Campus.

Purpose of Scholarship: To carry on the memory of Tommy Barlow, who had a lifelong passion for repairing and restoring automobiles, and to recognize an OFTC automotive technology student who shares the same interest and passion.

APPLICATION

PERSONAL DATA

Name ______________________________________________ AGE ____________________
Date of Birth __________________________ Gender ___M ___F
Student Identification # __________________________________________________________
Current Semester Enrolled ______________________________________________________
Phone ______________________________ (Home) Phone ___________________________(Cell)
Email address ________________________________________________________________
Home address _______________________________________________________________
Mailing address (if different from home) __________________________________________

SOURCES OF SUPPORT

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? If yes, give source and amount. ________________________________
Briefly describe your financial need and why you feel you deserve this scholarship.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Please list two references (*instructor, 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, GA 31021
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

**CAREER INTEREST**

Please briefly explain when you first became interested in automotive technology, and if you have circumstances or individuals that influenced your decision to go into this field. Also, what is your goal or plan after graduation?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

**ACADEMIC QUALIFICATIONS**

Are you currently enrolled at OFTC? Yes ☐ No ☐ Grade Point Average (GPA) __________
Have you completed at least 12 credit hours? Yes ☐ No ☐
Do you receive any of the following? Pell ☐ Hope ☐ Veterans Benefits ☐

________________________________________ ____________________
Student’s Signature Date

Please return completed application, along with proof of enrollment and GPA to: Executive Director, OFTC Foundation South, 560 Pinehill Road, Dublin, GA 31021.
TOMMY BARLOW SCHOLARSHIP
PERSONAL REFERENCE

Name of Applicant: ____________________________________________________________

1. How long have you known the applicant and in what capacity (mother, father, instructor, etc)?
   __________________________________________________________________________

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 automotive technology?
   __________________________________________________________________________
   __________________________________________________________________________

5. Please indicate your endorsement of the applicant as a suitable candidate for a career in automotive technology:
   □ Endorse with enthusiasm
   □ Endorse
   □ Do not endorse

6. Please provide any additional comments. ______________________________________
   __________________________________________________________________________
   __________________________________________________________________________

____________________________________________________________________________

______________________________  ________________________________
Printed Name                  Phone

______________________________  ________________________________
Signature                      Date
TOMMY BARLOW SCHOLARSHIP
PERSONAL REFERENCE

Name of Applicant: ____________________________________________________________

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   □ Endorse
   □ Do not endorse

6. Please provide any additional comments. __________________________________________
   __________________________________________________________
   __________________________________________________________

_________________________________________                             ____________________________
Printed Name                                                Phone

_________________________________________                             ____________________________
Signature                                                Date