TREVOR DYAR SCHOLARSHIP
offered by the
OFTC Foundation South

The Trevor Dyar Scholarship is awarded annually to a student enrolled in the EMS Professions Program at Oconee Fall Line Technical College’s South Campus.

The scholarship is established in memory of Trevor Dyar, who tragically lost his life on April 15, 2015. Trevor’s family established the scholarship as a tribute to his memory and passion for the EMS Profession.

The purpose of the scholarship is to recognize and award a student in the EMS Professions Program who exemplifies the qualities Trevor possessed.

The Trevor Dyar Scholarship is a $100 award. The stipend will be paid by a check from the OFTC Foundation South to the student recipient upon successful completion of spring semester and successful passing of the National Registry of Emergency Medical Technician-Basic Exam. The applicant must also have a cumulative grade point average (GPA) of 2.5. The EMS Professions instructor will nominate and recommend students who are eligible to apply for the scholarship.

Completed application packets should be returned 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
**TREVOR DYAR SCHOLARSHIP**
OFTC Foundation *South* Scholarship Program

*Open to an eligible student enrolled in the EMS Professions Program at Oconee Fall Line Technical College, South Campus.*

**Purpose of Scholarship:** To carry on the memory of Trevor Dyar, who had a passion for the EMS Professions field, and to recognize an OFTC student who shares the same interest and passion for the EMS Professions.

**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 three references (instructor plus two additional such as, 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 the EMS Professions, 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) ______

Do you receive any of the following? Pell □ Hope □ Veterans Benefits □

_________________________________________ Date
Student’s Signature

Please return completed application, along with proof of enrollment and GPA to: Executive Director, OFTC Foundation South, 560 Pinehill Road, Dublin, GA 31021.
TREVOR DYAR 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 the EMS Professions?
____________________________________________________________________________
____________________________________________________________________________

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

6. Please provide any additional comments. ____________________________________________
____________________________________________________________________________
____________________________________________________________________________

_____________________________  __________________________
Printed Name                  Phone

_____________________________  __________________________
Signature                   Date
TREVOR DYAR 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 the EMS Professions?
   _________________________________________________________________

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

6. Please provide any additional comments. ________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

Printed Name ___________________________ Phone ___________________________

Signature ___________________________ Date ___________________________
TREVOR DYAR SCHOLARSHIP
PERSONAL REFERENCE

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 the EMS
    Professions? ________________________________________________________________

11. Please indicate your endorsement of the applicant as a suitable candidate for a career in the
    EMS Professions.
    ☐ Endorse with enthusiasm
    ☐ Endorse
    ☐ Do not endorse

12. Please provide any additional comments. ___________________________________________
    _____________________________________________________________________________
    _____________________________________________________________________________
    _____________________________________________________________________________

Printed Name ___________________________ Phone ___________________________

Signature ___________________________ Date ___________________________