OFTC FOUNDATION-SOUTH, INC. EQUIPPED-TO-WORK SCHOLARSHIP
Offered by the
OFTC Foundation-South at Oconee Fall Line Technical College

The OFTC Foundation-South, Inc. Equipped-To-Work Scholarship will be awarded to a student enrolled full-time from any campus of Oconee Fall Line Technical College (OFTC). The Scholarship was established by the OFTC Foundation-South, Inc.

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 OFTC Foundation-South, Inc. 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

*For purposes of this scholarship, students enrolling in 7 or more credit hours in Automotive Technology, Diesel Equipment Technology, Industrial Systems Technology, or Machine Tool Technology are considered full-time students.
OFTC FOUNDATION-SOUTH, INC. EQUIPPED-TO-WORK SCHOLARSHIP Application

Please complete the following application in its entirety. Incomplete applications will not be considered. Once the application packet is complete (application, two letters of recommendation (one must be from one of your instructors), tools/equipment request), please submit to the OFTC Foundation-South Office.

Name _______________________________________________________________________
Student ID# _________________________ Email____________________________________
Address _______________________________________________________________________
City _____________________ State ______________________ Zip ______________________
Phone number _______________________ Program of Study _________________________
Date course work will be completed _________________Cumulative GPA_________________
I plan to enter the following profession_____________________________________________

Are tools/equipment requested necessary for you to enter the workforce? Yes □ No □

Gender: Male □ Female □ Age: 16-25 □ 26-45 □ 46-55 □ Over 55 □
Ethnic Group: Black □ White □ Asian □ Hispanic □ American Indian □ Other □
Marital Status: Single □ Married □ Divorced □ Widowed □ Separated □
Children: Do you have children? Yes □ No □ If yes, how many live with you?___________

Education: Mark the highest level you have completed.

Technical College □ College (1-3) □ College Degree □

Income: What is your family’s yearly income? Mark the appropriate box.
$0 – 9,999 □ $10,000 – 19,999 □ $20,000 – 29,999 □ $30,000+ □
Are you currently receiving any type of financial assistance? Yes □ No □
If yes, please specify (this should include HOPE, PELL, grants, scholarships, etc)

___________________________________________

Do you receive any benefits such as SNAP, Social Security/Disability, SSI, TANF, WIC? Yes □ No □
If yes, please specify _________________________________.

___________________________________________
Employment: Are you employed?  Yes □  No □  If yes, Full-time □  Part-time □

Place of employment? ______________________________________________________________

Have you previously been employed?  Yes □  No □

If yes, what employment experience have you had during the past five years? Begin with the most recent job.

Name of Employer   Position   Dates: From-To
1.
2.
3.

Please describe your college/community involvement. List organizations, clubs, etc. which you have been active, held offices, volunteered or received awards/honors.

Name of Organization _____________________________ Dates From-To___________________
My involvement_______________________________________________________________
______________________________________________________________________________

Name of Organization _____________________________ Dates From-To___________________
My involvement_______________________________________________________________
______________________________________________________________________________

Please use additional pages to answer the questions below. The answers to these questions should tell your story and provide details that will allow the committee to understand your need for the requested tools.

- Briefly describe why you chose your program of study/technical field?
- Tell us about one or two things you have achieved either in school or in your personal life over the past two or three years of which you are most proud.
- How will receiving the Equipped-To-Work Scholarship assist you in your career?

Include any background history, family history, knowledge, personal information, financial responsibilities, or any challenges you have faced that you would like the selection committee to consider as they review your application.

Signature__________________________________________  Date____________________
EQUIPPED-TO-WORK TOOLS/EQUIPMENT REQUEST

Students should contact their program director or course instructor(s) for assistance with identifying their necessary tools/equipment.

Student Name: _____________________________________________________
Vendor Name: _____________________________________________________
Vendor Address: _____________________________________________________
Contact Name: _____________________________________________________
Contact Phone: _____________________________________________________
Contact Email: _____________________________________________________

PLEASE RANK YOUR ITEMS FROM MOST NEEDED TO LEAST NEEDED*

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<th>Item</th>
<th>Description/Part Number</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total Price</th>
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*Total amount requested should not exceed $500 and should include tax.
OFTC FOUNDATION EQUIPPED-TO-WORK
Recommendation Form

Name of Applicant________________________________________

Your name ____________________________________________________________________________

Your affiliation and title______________________________________________________________

Phone number (daytime)_________________________ Email_________________________

Please check one of the following boxes:
☐ I am an instructor within the degree area of applicant
☐ I am an instructor outside the degree area of applicant
☐ I am an employer of the applicant
☐ I am a friend of the applicant
☐ Other (please explain)

How long have you known the student? __________________________
Are these tools/equipment necessary for the applicant to enter the workforce? Yes ☐ No ☐

Please use the following scale to describe the applicant. Circle the number that corresponds to the most accurate description of the applicant’s performance, interests or characteristics.

5-Exceptional  4-Above Average  3-Average  2-Below Average  1-Lowest

Academic and Professional Life
Eagerness to learn and succeed  1  2  3  4  5
Quality of work  1  2  3  4  5
Enthusiasm for chosen trade  1  2  3  4  5
Preparedness for career after college  1  2  3  4  5
Potential to succeed in chosen profession  1  2  3  4  5

Community Life
Involvement in community and/or campus life  1  2  3  4  5
Relationship with others  1  2  3  4  5
Engagement in volunteer, mentoring or other charitable activities  1  2  3  4  5

General Characteristics
Ability to overcome obstacles  1  2  3  4  5
Leadership skills  1  2  3  4  5
Responsibility and dependability  1  2  3  4  5

Please provide any additional information you may wish to share with the scholarship selection committee to assist them in their selection process.
Please return completed reference to: Executive Director, OFTC Foundation South, 560 Pinehill Road, Dublin, Georgia 31021. THESE ARE CONFIDENTIAL.
OFTC FOUNDATION EQUIPPED-TO-WORK
Recommendation Form

Name of Applicant__________________________________________

Your name ________________________________________________

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How long have you known the student? ________________________

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**Academic and Professional Life**
- Eagerness to learn and succeed
  - 1
  - 2
  - 3
  - 4
  - 5
- Quality of work
  - 1
  - 2
  - 3
  - 4
  - 5
- Enthusiasm for chosen trade
  - 1
  - 2
  - 3
  - 4
  - 5
  - Preparedness for career after college
    - 1
    - 2
    - 3
    - 4
    - 5
  - Potential to succeed in chosen profession
    - 1
    - 2
    - 3
    - 4
    - 5

**Community Life**
- Involvement in community and/or campus life
  - 1
  - 2
  - 3
  - 4
  - 5
- Relationship with others
  - 1
  - 2
  - 3
  - 4
  - 5
- Engagement in volunteer, mentoring or other charitable activities
  - 1
  - 2
  - 3
  - 4
  - 5

**General Characteristics**
- Ability to overcome obstacles
  - 1
  - 2
  - 3
  - 4
  - 5
- Leadership skills
  - 1
  - 2
  - 3
  - 4
  - 5
- Responsibility and dependability
  - 1
  - 2
  - 3
  - 4
  - 5

Please provide any additional information you may wish to share with the scholarship selection committee to assist them in their selection process.
Signature______________________________ Date____________________

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