PILOT CLUB OF COCHRAN SCHOLARSHIP
offered by the
OFTC Foundation South at Oconee Fall Line Technical College

The Pilot Club of Cochran Scholarship will be awarded to a Bleckley County student enrolled or planning to enroll full-time at Oconee Fall Line Technical College (OFTC).

The Scholarship will be awarded to a student currently enrolled or planning to enroll full-time (12 credit hours*) in any diploma or degree program. Applicants for this scholarship must demonstrate a commitment to their field of study, academic excellence, outstanding moral character and a determination to succeed in life. The scholarship is need and merit based.

The Pilot Club of Cochran Scholarship packets will be disseminated during the second week of Spring Semester. The award amount will be $500. The scholarship selection committee will make an award based on the applicant’s need and merit. The scholarship awarded to the student will be split between the next Fall and Spring Semesters and will be paid by a check from the OFTC Foundation to the student after the registrar verifies the recipient’s successful completion at the end of each semester.

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 semester, as published in the OFTC official catalog.

Mail: OFTC Foundation, Inc., Oconee Fall Line Technical College, 560 Pinehill Road, Dublin, GA 31021
Email: oftcfoundation@oftc.edu
Office: OFTC Foundation, 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.
PILOT CLUB OF COCHRAN 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 __________________
Pilot Club of Cochran 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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Name of applicant ____________________________________________________________

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☐ Endorse
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________________________________________________________

Printed Name __________________________ Signature __________________________

Date __________________________ Telephone #

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   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

__________________________________________________________
Printed Name

__________________________________________________________
Signature

__________________________________________________________
Date

__________________________________________________________
Telephone #

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