



OFTC  
Foundation

## SCHOLARSHIP APPLICATION

### PLEASE CIRCLE APPLICABLE SCHOLARSHIP

**(ONLY CIRCLE ONE!!! YOU MUST ATTACH A NEW APPLICATION FOR EACH SCHOLARSHIP)**

1. ALLIED HEALTH SCHOLARSHIP
2. B-H TRANSFER SCHOLARSHIP
3. BRANDON LAWRENCE SCHOLARSHIP
4. CHSGA PRACTICAL NURSING SCHOLARSHIP
5. FRANK G WALL SCHOLARSHIP
6. HAAS SCHOLARSHIP
7. HANCOCK STRONG ADULT EDUCATION SCHOLARSHIP
8. HANCOCK STRONG ALLIED HEALTH SCHOLARSHIP
9. HANCOCK STRONG DUAL ENROLLMENT SCHOLARSHIP
10. HANCOCK STRONG GENERAL SCHOLARSHIP
11. HORADAN SCHOLARSHIP
12. HOWARD SHEPPARD, SR. CTD SCHOLARSHIP
13. MERCHANT & CITIZENS BANK SCHOLARSHIP
14. OFTC FOUNDATION GENERAL SCHOLARSHIP
15. RANDY HELTON FAMILY SCHOLARSHIP
16. STERRETT PRACTICAL NURSING SCHOLARSHIP
17. STERRETT ADN SCHOLARSHIP

PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY FOR THE ABOVE CIRCLED SCHOLARSHIP. I UNDERSTAND THAT ADDITIONAL INFORMATION MAY BE REQUIRED OF ME AND THAT I MUST SUBMIT A SEPARATE APPLICATION FOR EACH SCHOLARSHIP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

### High School Information:

Name: \_\_\_\_\_ County: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

**College Information:**

Program of Study: \_\_\_\_\_ Enrolled for \_\_\_\_\_ Semester 20 \_\_\_\_\_

Expected Date of Completion: \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

**Dependants:**

Do you have children or other dependents? \_\_\_ Yes \_\_\_ No

If so, please list their ages and relationship to you

\_\_\_\_\_

If you are being supported by your parents please list the ages of other dependents (your siblings) in the house

\_\_\_\_\_

Have you applied for any other scholarships? \_\_\_ Yes \_\_\_ No

If so, please list \_\_\_\_\_

Have you ever been notified by any other scholarship source that you will receive a scholarship for this year? \_\_\_ Yes \_\_\_ No

If yes, please list the scholarship(s) and amount awarded

\_\_\_\_\_

Briefly describe your financial need:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list three personal references (if applicable) and give each one a reference form to complete. Forms must be return to the Executive Director of Institutional Advancement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please briefly explain why you became interested in your chosen field of study:

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**Student Certification, Authorization, and Agreement:**

I hereby certify that the information reported above and any other document or writing in connection with this application for a Scholarship is or will be true, correct, and complete to the best of my knowledge. I authorize the release and exchange of information between OFTC Foundation – North, Inc. and educational institutions, state and federal agencies, and private lending institutions from which student financial assistance is sought or obtained by me and agree that such information exchanged may include financial, enrollment, academic status and location necessary to ensure proper administration of student aid.

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Student Signature

Date

**Please return this application to Institutional Advancement Office, North Campus – Oconee Fall Line Technical College Once All Portions are Completed:**

*As set forth in the Oconee Fall Line Technical College student catalog, OFTC Foundation – North, Inc. does not discriminate on the basis of race, color, creed, national, ethnic origin, gender, religion, disability, age, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law).*

Acceptance of this award will not preclude the student from receiving other financial aid for which he/she may be eligible