OFTC Foundation

SCHOLARSHIP APPLICATION

PLEASE CIRCLE APPLICABLE SCHOLARSHIP

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

1. ALTON MCCULLOUGH SCHOLARSHP
2. BRANDON LAWRENCE SCHOLARSHIP
3. FRANK G WALL SCHOLARSHIP
4. HANCOCK STRONG DUAL ENROLLMENT SCHOLARSHIP
5. JAROY & ELYSEA STUCKEY SCHOLARSHIP
6. JOHNNY HOWARD 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 or Social Security : _____Marital Status: _____

High School Information:

Name: _____ County: _____

Date of Completion: _____

College Information:

Program of Study: _____ Enrolled for _____Semester 20_____

Expected Date of Completion: _____

Dependents:

Do you have children or other dependents? ___Yes ____No

If so, please list their ages and relationship to you:

_____

If you are supported financially by your parents please list the age of other dependents (your siblings) in the house _____

Have you applied for other scholarships? ___Yes ___No

If so, please list _____

Have you ever been notified by any other scholarship source that 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 required in the scholarship criteria) and give each one a reference form to complete. Forms must be returned to the Executive Director of Institutional Advancement at 560 Pinehill Road Dublin GA 31021 or 1189 Deepstep Road Sandersville GA 31082

Briefly explain why you have chosen OFTC your particular program of study

_____

_____

_____

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.

_____

Student Signature Date

Please return this application to Institutional Advancement Office at Oconee Fall Line Technical College (either Dublin or Sandersville Campus) 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