



# High School Scholarship Application

Please Circle Applicable Scholarship

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

1. ALTON MCCULLOUGH SCHOLARSHIP (LAURENS CO)
2. BRANDON LAWRENCE SCHOLARSHIP (WHEELER CO)
3. COCHRAN/BLECKLEY COUNTY HIGH SCHOOL SCHOLARSHIP
4. FRANK G WALL SCHOLARSHIP (WILKINSON CO DEVELOPMENT AUTHORITY)
5. HANCOCK STRONG DUAL ENROLLMENT SCHOLARSHIP
6. JAROY & ELYSEA STUCKEY SCHOLARSHIP (DUBLIN CITY SCHOOLS)
7. JOHNNY HOWARD SCHOLARSHIP (WEST LAURENS)

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:

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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:

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Briefly describe your financial need:

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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:

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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, 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 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, 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.