

SCHOLARSHIP APPLICATION

PLEASE CHECK APPLICABLE SCHOLARSHIP

	STERRETT NURSING SCHOLARSHIP DELLA M. SMITH ADULT EDUCATION SCHOLARSHIP KENT ADULT EDUCATION SCHOLARSHIP JACK ENGLISH CTD SCHOLARSHIP HOWARD SHEPPARD, SR. CTD SCHOLARSHIP B-H TRANSFER SCHOLARSHIP SANDERSVILLE ROTARY GED TRANSITION SCHOLARSHIP
	LETE THIS APPLICATION IN ITS ENTIRETY. I UNDERSTAND THAT ADDITIONAL MAY BE REQUIRED OF ME.
Name:	_
Address:	
City:	State: Zip:
Phone: (Home)	(Cell)
Email Address:	
Social Security I	Number:Marital Status:
High School Info	ormation:
Name:	County:
Date of Complet	ion:
College Informa	
Program of Stud	y: Enrolled for Semester 20
Expected Date of	of Completion:
	ature of Approval:

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, North Campus – Oconee Fall Line Technical College

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).