

**Application for
Waycross Rotary Club Scholarship**

Please complete all portions of this application in order to be considered for academic scholarships for the upcoming quarter.

Last Name _____ First Name _____

Mailing Address _____ City _____ Zip _____

County _____ Home # (____) _____ Cell # (____) _____

Work Phone (____) _____ Student ID# or SS# _____

Marital Status: single married separated divorced widow

Residence: live with parents live with spouse alone other

Names and Ages of Children: _____

High School Attended _____ Graduation Date _____

List in chronological order the post-secondary schools/colleges that you attended beyond high school. Give degrees/diplomas earned.

<u>School/College Name</u>	<u>Address</u>	<u>Degree/Diploma</u>

Program of Study at OTC _____ Expected OTC Graduation Date _____

College Activities and/or Honors _____

Community/Church Activities (Volunteer Work) _____

What do you plan to do after graduating from OTC? What are your long-term career goals?

Have you applied for College Work Study? Yes _____ No _____

Please list amounts of any of the following you currently receive or will receive:

\$ _____ Pell Grant (Quarterly) \$ _____ WIA (Quarterly)
\$ _____ HOPE (Quarterly) \$ _____ VOC Rehab (Quarterly)
\$ _____ VA Benefits (Quarterly) \$ _____ Worker's Comp. (Monthly)
\$ _____ Work Study (Weekly) \$ _____ Student Loans (Yearly)
\$ _____ AFDC/FS (Monthly) \$ _____ Unemployment (Monthly)
\$ _____ Child Support (Monthly) \$ _____ Other (Monthly)
\$ _____ Social Security/Disability (Monthly)
\$ _____ Retirement (Monthly) \$ _____ Scholarships (Satilla Regional Health Foundation, etc.)

Please explain any other income you receive to attend college (parents, etc.). _____

Please answer the following questions in order for the scholarship committee to determine if you qualify for specific scholarships.

1. Are you a veteran?

Yes No

2. If yes, have you applied for financial assistance to attend college with the VA?

Yes No Please explain your expectations.

3. Where do you work? _____

4. Average Weekly Earnings (take home) \$ _____

5. Where does your spouse work? _____

6. Spouse's Average Weekly Earnings \$ _____

7. Have you ever received the Satilla Health Foundation Scholarship?

Yes No

• If yes, what award amount do you/did you get each quarter? _____

• ...and what is/was your total award amount? _____

8. Do you currently or have you ever received the Toolbox Scholarship?

Yes No

9. Do you currently receive any other scholarship money?

Yes No

• If yes, please explain. _____

10. Have you ever received a scholarship (from OTC or from any other college)?

Yes No

If yes, name of scholarship and total amount awarded _____

11. If you have applied for acceptance in a healthcare program at OTC, have you received your acceptance letter? Yes No N/A

12. Are you a Satilla Health Services employee or the child of a Satilla Health Services employee?

Yes No

If yes, please explain. _____

13. Are you a volunteer of the SRMC auxiliary or are you related to a SRMC auxiliary volunteer (past or present)?

Yes No If yes, please explain. _____

I certify this information to be true to the best of my knowledge, and I hereby give permission for disclosure of records to the Okefenokee Technical College Foundation internal staff members, selection committee members, trustees and other staff.

Student Signature _____ Date _____

**Please respond to the following statements in a short essay (one-page or less).
Attach your essay to this application.**

1. Describe yourself, your background, and why you selected Okefenokee Technical College to continue your education.

2. Explain your reasons for seeking a scholarship and how you would use the money. Be specific, and include details about your circumstances that may assist the scholarship committee in making their decision.

THE FOLLOWING STATEMENTS MUST BE SIGNED BY THE APPLICANT.

In the event that I am awarded the scholarship, I agree to attend Okefenokee Technical College. I declare that the information reported is true, correct, and complete. I accept the terms of the above agreement and agree for my name to be listed as a scholarship recipient. I also agree to allow the scholarship committee to review my transcript for decision purposes.

I authorize the release of my transcript to the scholarship committee to review for the purpose of evaluating this scholarship application.

Signature of Applicant

Date

NEWS RELEASE STATEMENT

I, the undersigned, do hereby give permission to Okefenokee Technical College and the Okefenokee Technical College Foundation to use my name and/or photograph picturing or naming me as a recipient of this or any other scholarship and/or in a school/work related situation.

Signature of Applicant

Date

Submit completed application and essay to Cindy Tanner or Shaylyn Johnson in Room 319.

Cindy Tanner, Executive Director
Okefenokee Technical College Foundation
1701 Carswell Avenue
Waycross, GA 31503
(912) 287-5829
FAX (912) 338-5300