Oklahoma CareerTech Foundation

Adult Career Technology Students

Otha Grimes\Francis

Tuttle Memorial Scholarships
The Foundation for Career and Technology Education, Inc.
Otha Grimes Memorial and Francis Tuttle Memorial
Scholarship Application

Spring (February 1st) □ Fall (September 15th) □

Name: ________________________________ SSN: __________________
(Print)  (Last)  (First)  (Middle Initial)

Home Address: ________________________________

                                      (City)  (State)  (Zip)

Phone: ________________________________

Technology Center: ________________________________

Address: ________________________________
                                      (City)  (State)  (Zip)

Name of Program in which you are enrolled: ________________________________

Date you started in the program: ________________________________

Name of instructor who can document your program endeavors: ________________________________

Define your career objective: ________________________________

What circumstances dictate your financial need for scholarship assistance:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

(Over)
Have you applied for or received scholarship(s) or other assistance (such as a Pell Grant)?
☐ Yes  ☐ No (If yes, give name of scholarship(s) or other assistance and dollar amount received.)

List educational expenses below:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List financial amounts you have or plan to receive below:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Total amount of scholarship funds you are requesting:  $ ____________

**NOTE:** This application will not be considered unless an amount is indicated.

<table>
<thead>
<tr>
<th>I hereby certify that the preceding information is correct to the best of my knowledge, and that I am at least 18 years of age. Incomplete information may jeopardize this application being considered.</th>
</tr>
</thead>
</table>

Date: _______________________  Applicant’s Signature: _________________________

(For Financial Aid Officer Use Only)

Date: _______________________  Recommended Local Priority Number of Applicant: _________________________

Technology Center: _________________________  Financial Aid Officer’s Signature

(If you desire, attach a separate page for additional information or for clarification of any item(s) in your application.)

Revised 4/21/08