

LARUE OTTAWAY SCHOLARSHIP

STATEMENT OF PURPOSE

To provide financial support to students who are pursuing a career in a health care related field.

SCHOLARSHIP CRITERIA

1. Applicant must be a graduate of Union City High School.
2. Applicant must be a full-time student.
3. Applicant must be studying for a Bachelor's Degree, Associate Degree or an equivalent diploma/certificate program in an area of study for health care.
(Note: Previous scholarship recipients who go on to medical school may continue to apply for financial support on an annual basis and will be considered with other applicants.) Financial need is not a criterion.
4. New applicants must be high school seniors planning to graduate in the year of application with accumulative grade point average of at least 3.0.
5. Previous scholarship recipients who are continuing study in a health care field may re-apply in subsequent years until first degree is attained. Accumulative grade point average of at least 3.0 is required.

SCHOLARSHIP GUIDELINES

1. The scholarship will be awarded once a year.
 2. The amount of the scholarship awarded will be determined on an annual basis and will be determined by the funds available in the Scholarship account and by the number of approved applicants in that year.
 3. Application must be submitted by April 15th.
 4. Applications will be reviewed by the Union City Foundation Scholarship Committee. Interviews are not required.
- Complete and return application by April 15th to The Erie Community Foundation:
 - Request your high school transcript be forwarded to The Erie Community Foundation.
 - Include brief letters of recommendation from **two** teachers familiar with your academic achievements and school involvement (not a Guidance Counselor or High School Principal).

Previous Scholarship Recipients:

- Send a letter of request and a current transcript prior to the April 15th deadline to:

The Erie Community Foundation
Scholarships
459 West 6th Street
Erie, PA 16507



Union City Community Foundation
An Affiliate of Erie Community Foundation
Helping today...Shaping tomorrow

LARUE OTTAWAY SCHOLARSHIP APPLICATION

Must be received by April 15th

Name _____ Phone _____

Address _____

e-mail address _____ Cell phone _____

Father's place of employment _____

Mother's place of employment _____

List brothers and sisters and their ages _____

School you plan to attend _____

Have you been accepted? _____ Field you will pursue _____

(Must be healthcare related)

List any other scholarships you have received, the amounts, and the number of years you will be receiving those amounts. _____

Tell us about your school or community activities, advanced classes, awards, honors, recognitions, work, internships, volunteer work, etc.

What are your educational and career objectives?

Signature _____ Date _____

Please return the application, two letters of recommendation and a transcript of your grades to:
The Erie Community Foundation
459 West 6th Street
Erie, PA 16507