

# The Union City Community Foundation Scholarship Application

## *The Neil and Jean Dewey Medical Scholarship Application*

### Eligibility:

- Awarded to a graduating senior from Union City Area High School
- Must be full-time pursuing a degree in the medical or healthcare field
  - MUST HAVE A G.P.A OF 3.0 OR HIGHER
- Participation in athletics or extracurricular activities (music, art, FFA, Scouts, etc.)
  - Participation in community activities
  - Financial need will be considered but is not required.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone \_\_\_\_\_

Guardian(s) Name(s) \_\_\_\_\_

High School G.P.A. \_\_\_\_\_ What College/School Will You be attending \_\_\_\_\_

Major Field of Study \_\_\_\_\_ Have you already been accepted \_\_\_\_\_

### Estimated College Expenses for upcoming school year:

Tuition	\$ _____
Room /Board	\$ _____
Other	\$ _____
Total expenses	\$ _____

### Existing Sources of Funds for upcoming school year:

Scholarships/grants (other than this application)	\$ _____
Other (Savings accounts, college savings plans)	\$ _____
Total	\$ _____

**REQUIRED:** Enclose a brief one-page essay discussing the importance of "hometown". This essay should also describe your participation in High school activities and community activities. You will also need to submit two letters of recommendations.

**NOTE:** This scholarship is renewable for up to 3 additional years for \$500. To renew you will need to submit your most recent college transcripts by the end of May.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this completed application form, essay, and two letters of recommendation to:**

**The Union City Community Foundation / Scholarships  
P.O. Box 512, Union City, PA 16438**

**Deadline: April 30th**