# Union City Community Foundation
## An Affiliate of The Erie Community Foundation
### *Joanne Homa Patterson Memorial Scholarship*

*The Union City Senior Center Co-op started a fund to honor Joanne Homa-Patterson who passed away in 2015. Joanne had a passion for helping adults find their place in the world. The scholarship was created to help the non-traditional adult student continue their education. Must be a resident of the Union City Area School District and must be 25+ years of age (as of July 1st of application year). Must be accepted into a certificate program, associate degree program or higher at a college, university or technical school.*

## This Application Must Include the Following!

☐ Verification of Residency in Union City Pa School District (example - Divers License, State ID, Utility bill, rental agreement, property tax receipt, etc)

☐ If previously enrolled, submit a copy of your college transcript or most recent report card showing your GPA. (Unofficial transcripts or printouts from your school's website are acceptable).

☐ If not previously enrolled, please submit a copy of the acceptance letter from your school.

☐ Submit a short essay (up to one page) explaining your education and career goals.

## Please complete the remainder of this application (Please print clearly)

| | | | |
|---|---|---|---|
| Name: | | E-mail: | |
| Daytime Telephone #: | | Evening Telephone #: | |
| Address: | City: | State: | Zip: |

| | |
|---|---|
| Number of **children/dependents** under age 18 (or 18 and older but still in school), whom you are financially responsible for: | Birthdate: |

School you are attending or have been accepted to:

| Your major or area of study: | ☐ Part Time | ☐ Full Time |
|---|---|---|

Below, please check the box representing your <u>current</u> academic level:

| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|---|---|
| Certificate Program | Freshman (0-30 credits) | Sophomore (31-60 credits) | Junior (61-90 credits) | Senior (91-graduation) | Graduate Level |

| Number of credits you have earned to this point: | Number of credits you anticipate completing in the upcoming school year: |
|---|---|

| While in school I will be working: | ☐ not at all | ☐ part-time approximately ____ hrs/week | ☐ fulltime |
|---|---|---|---|

# Tuition Worksheet

The intent of this worksheet is to determine your actual **"out-of-pocket"** expense for **tuition** in the coming school year. This is for **tuition only**….not textbooks, fees, travel, room & board, meals, etc.

1)  Enter the **cost per credit** of your school (or skip to #3 and enter the total **tuition** cost for the year if you're not sure of the cost per credit).

    $ _____

2)  Enter the **number of credits** you expect to take in the upcoming school year (including summer). Skip this step if you've already entered your total tuition in #3 …………………………………………………….

    _____

3)  Multiply lines 1 x 2 to determine your tuition expense ……………..

    $ _____

4)  Enter the total amount of state and federal grants you expect to receive for the school year from PHEAA and PELL ….. …………

    $ _____

5)  Subtract line 4 from line 3 ………………………………………………….

    $ _____

6)  Enter the total of all scholarships you have been awarded, and any free aid you are receiving from the school you are attending ……

    $ _____

7) Subtract line 6 from line 5, Balance due...…………………………………

    $ _____

**Line 7 should represent how much tuition you anticipate having to pay out of pocket this school year.**

**IF YOU HAVE ANY QUESTIONS ABOUT THIS CALCULATION, CONTACT** ABBE BIEBEL **BY CALLING** (814) 490-9194 **OR BY EMAIL** ABIEBEL110@GMAIL.COM.

## Please Note

♦ All applicants will be notified regarding the status of their application by mid-August.

♦ Scholarship checks will be made out to both the selected applicants and to their schools. Checks will be issued in August. Publicity regarding scholarship recipients will be provided to local media.

♦ Applicants who draw down scholarship funds in a particular semester but who withdraw from school without completing that semester must repay that and any other remaining funding to the Union City Community Foundation.

♦ If you withdraw from school without using the entire scholarship, please notify the Foundation.

**Please sign, and return this application with the required attachments to UCCF, PO BOX 512, Union City Pa 16438, or by email at contact@unioncitycf.org**

I verify this application to be truthful and accurate, and agree to the conditions as stated:

_____          _____

Signature                                                                        Date