

# The Union City Community Foundation Scholarship Application

## *LaRue Ottaway Scholarship Application*

### Current Union City High School Senior

#### Eligibility:

- Awarded to graduating seniors and graduates of Union City High School
  - Must be pursuing a degree in the medical field
    - **MUST HAVE A G.P.A OF 3.0 OR HIGHER**

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)

**REQUIRED: enclose a brief essay of 400-500 words or less. This essay should describe your current advanced classes, awards, honors, recognitions, extracurricular activities, clubs, and services projects (no more than 100 words). Additionally, it should explain your future plans and why you selected this path.**

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

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

**The Union City Community Foundation / Scholarships**

**P.O. Box 512**

**Union City, PA 16438**

**Deadline: April 30th**