

The Union City Community Foundation Scholarship Application

LaRue Ottaway Scholarship Application

Union City Alumni

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) _____

College G.P.A. (If First year attending post-secondary then High School GPA) _____

Year Graduated from Union City _____

What College/School you currently or will be attending _____

Major Field of Study _____ Anticipated Graduation Date _____

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 college learning experience and discoveries including class experiences, internships, and extracurricular activities. Additionally, it should explain your career choice and why you selected this path. Also please submit your college transcripts.

Applicant Signature _____ Date _____

Return completed application, two letters of recommendation and the required documents listed above to:

The Union City Community Foundation / Scholarships

P.O. Box 512

Union City, PA 16438

Deadline: April 30th