

The Charles Barton Scholarship Application of The Erie Community Foundation

Scholarship recipients must be pursuing a degree in the healthcare field.

1. Name _____ Birth date _____
2. Street address _____ City _____ State _____ Zip _____
E-Mail address _____ Phone _____ U.S. Citizen Yes No
3. Annual income (Parents/Guardians) _____ (Self) _____
4. Guardian(s) name(s) _____
5. No. of dependents living in household (include parents) _____ No. in household attending college next year _____
6. List all extracurricular activities, i.e., sports, clubs, etc.: _____

7. List Community Service _____

8. School/college you plan to attend _____ Major field of study _____
9. Estimated cost of **tuition only** for the upcoming year: \$ _____ Room/Board \$ _____
(Do not include room/board/fees in tuition cost)
10. Anticipated sources of available funds for college for the upcoming year:

Family	\$ _____
Personal (savings, earnings, etc.)	\$ _____
Anticipated Loans	\$ _____
Total Funds on hand	\$ _____
11. Please list sources of scholarships and grants that you have received for the upcoming year.

Amount \$ _____

Amount \$ _____

Amount \$ _____
12. Please include the following **required** documents:
 - **transcript**
 - Acceptance letter and Financial Aid Award letter from college
 - One letter of recommendation from a faculty member

NOTE: You will not be considered for a scholarship if your application is not complete and the proper documents are not received.

Applicant's Signature

Date

This application must be submitted to your guidance office by April 15th.