

UNITY SERVICE AMBULANCE ASSOCIATION POST-SECONDARY SCHOOL SCHOLARSHIP APPLICATION

A. APPLICANT INFORMATION: APPLICANTS ARE ENCOURAGED TO USE ADDITIONAL SHEETS IF NECESSARY.

DATE: _____

NAME: _____
Last Name First Name Middle Initial

ADDRESS: _____
Street Address or PO Box
City State Zip Code

HOME PHONE: _____

EMAIL ADDRESS: _____

GENDER: MALE FEMALE

EXPECTED DATE OF GRADUATION: _____

HIGH SCHOOL: _____

GPA: _____ CLASS RANK: _____

B. I WILL ATTEND THE FOLLOWING SCHOOL THIS FALL: _____

C. WHAT SPECIALTY/MAJOR DO YOU PLAN TO STUDY? _____

D. LIST ANY CLUBS AND ACTIVITIES YOU ARE INVOLVED IN: _____

E. LIST ANY COMMUNITY SERVICE YOU PERFORMED: _____

F. LIST ANY LEADERSHIP POSITIONS YOU HELD: _____

G. WHAT ARE YOUR EDUCATIONAL AND PROFESSIONAL GOALS AND OBJECTIVES?

H. ATTACH:

- a. ESSAY ON WHY YOU SHOULD BE SELECTED FOR THIS SCHOLARSHIP.
(NO MORE THAN SINGLE SHEET, ONE SIDE)
- b. HIGH SCHOOL TRANSCRIPT
- c. TWO (2) LETTERS OF RECOMMENDATION DESCRIBING YOUR CHARACTER AND LEADERSHIP

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I understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of Applicant

Date

Signature of Applicant's Parent/Guardian

Date

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APPLICATION AND REQUIRED PAPERWORK
MUST BE SUBMITTED NO LATER THAN **MAY 1ST** TO:

South Harrison Township
Unity Service Ambulance Association Scholarship
P.O. Box 113
Harrisonville, NJ 08039

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FOR TOWNSHIP OF SOUTH HARRISON USE:

APPLICATION RECEIVED ON: _____

APPLICATION RECEIVED BY: _____