
Partnership for a Caring Community (PCC)



Health Scholarship

Application

Purpose of Scholarship:

The PCC developed this scholarship to support the pursuit of higher education for the students of the 15104 ZIP code (Braddock, Rankin, and North Braddock).

The primary purpose of the Fund shall be to provide financial support to a student(s) for education/vocational training.

Scholarships will be awarded to students of ZIP code 15104 who wish to increase their marketability in the health field by furthering their education at vocational schools, community colleges, traditional college or universities.

QUALIFICATIONS

- *Be a resident of zip code 15104*
- *Qualifying applicants must be graduating seniors with an overall grade point average of 2.5 or higher on a 4.0 scale.*
- *The scholarship can be used at a vocational-technical school, accredited junior college, community college, or four-year college or university for the 2015-2016 school years.*
- *Recipients must be accepted as part-time or full-time students and submit a letter of acceptance from the school.*
- *The Scholarship amounts can be used to pay for the following expenses: tuition, fees and course-required books, supplies and equipment*
- *Applicants must plan to pursue a course of study in areas listed in Addendum A.*
- *Selection is based on the following criteria: (not necessarily in this order) (a) scholastic achievement, (b) character, (c) future goals.*
- *Applicants must submit: a completed Scholarship application form, including high school transcript(s) and three sealed letters of recommendation. Each letter of recommendation must include a statement setting forth the reasons why the person making the recommendation believes the applicant will finish the school program.*
- *Additionally, all completed requirements MUST BE RECEIVED BY April of scholarship year, either by Postmark or Hand Delivery by 4PM on April 29, 2015.*
- *Directed to the Braddock Employment and Training Center (BETC) at the address below.*

Award(s)

Number and Size of Awards

- a.) Please note that the number of available scholarship awards awarded annually will be based on available funding and the number of eligible applicants.*
- b.) Awards are \$500 per awardees*

Students are born with a powerful desire to learn. Everything we do as parents and teachers must ensure that this powerful desire is kept alive. If there were to be one thing to be continually assessed it would be this desire. The PCC scholarship provides youth hope, support, and inspiration that will help them throughout life.

Send Completed Applications to:

**PCC Scholarship Fund
Braddock Employment and Training Center (BETC)
Attention John W. Smith
849 Braddock Avenue
Braddock, PA 15104**

PCC Scholarship Application

Please Print Clearly

Name: Last, _____, First _____, MI _____

Date of Birth: Month/Date/Year, _____/_____/_____

Address: Street _____

City: _____

State: _____ Zip: _____

Phone: Cell ___/___/____; Home ___/___/_____

E-Mail Address: _____

Preferred method of contact: Telephone ___ Home___ Cell___ E-mail___

Name and Address of Post Secondary Institution where applicant has been accepted:

Intended Major: _____

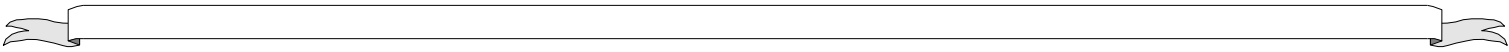
Parent/Guardian Contact:

Name _____ Telephone _____ Cell _____

Address _____

Please include with this application: three letters of recommendation, (See Addendum B for description) letter of acceptance from the school, latest high school transcript and a photo of the applicant. , along with a brief biography stating activities, organizations, and future plans.

1. School Activities and Organizations. What role did you play in this organization? List any office s held. Use an extra sheet if needed.

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2. Tell us what you think we should know about you. Submit as a separate document. (250 words please)
 3. Future plans: Tell us your future plans and how this scholarship will benefit you(250 words please)

If selected to receive the PCC Award I (*please print name*)

_____, agree to return to the following year’s event and/or submit a letter stating the importance of education, what the award has meant to me.

I, certify that the information contained in this application is true and correct to the best of my knowledge.

(Signature) _____

Additional Information:

Awardee(s) will be selected by JUNE 30 of scholarship year.

If you are selected, you will need to provide photo identification.

See Addendum A for lists of courses of study

See Addendum B for recommendation letter description

Addendum A: Courses of study

Please visit **explorehealthcareers.org** for a comprehensive listing. It is not all inclusive.

Addendum B: Recommendation letter description

You are to submit 3 sealed letters of recommendation with this application. Select people who you know well and are familiar with your personal background, education, employment, and/or professional skills. You **should not** ask a family member, peer, classmate, co-worker, or friend to serve as a reference. You **should consider** asking work supervisors, clergy, teachers, counselors, coaches, or someone else familiar with your motivation and community involvement.