



LEE INITIATIVES
Health & Wellness
ENDOWMENT

“EMILY LEE SCHOLARSHIP PROGRAM”
SUMMARY

- SCHOLARSHIPS:** The number of scholarships and the amount of each scholarship is to be determined by the Scholarship Award Committee. Each award will be \$2,000.
- ELIGIBILITY:** Lee Initiatives, Inc. will sponsor awards to be given annually to graduating high school seniors accepted full-time into a post secondary school with a declared health care major and also those individuals who are currently enrolled in a post secondary institution with a declared health care major. Applicants must live in Cambria, Somerset, Blair, or Bedford counties.
- SELECTION:** The selection of scholarship recipients will be determined solely by the Emily Lee Scholarship Award Committee.
- SELECTION CRITERIA:**
1. Level of financial need considered.
 2. *Acceptance* in a full time health related program at an accredited undergraduate college or university required. OR *Enrolled* in an accredited undergraduate college or university with a health related major.
- APPLICATION PROCEDURE:**
1. Applications can be downloaded from the Lee Initiatives web site at www.leeinitiatives.com
 2. Information contained in the application is confidential and will be reviewed only by the members of the Emily Lee Scholarship Award Committee.
 3. **All applications must be postmarked no later than Friday, May 8, 2020 to be considered.**
 4. All components of the application must be received by the deadline (including outside references) in order to be considered. In order to be fair to all applicants, no exceptions can be made. The applicant is responsible for making sure their application is complete and submitted by the deadline.
- NOTIFICATION:**
1. All applicants will be notified in writing of acceptance or rejection of scholarship award.
- PAYBACK:**
- There will be no payback expected unless the awardee has not completed specified coursework. It is the responsibility of the recipient of scholarship aid to notify the Lee Initiatives upon termination of his/her study from the educational institution for any reason, except graduation. Should the award recipient not complete the coursework specified in his/ her scholarship application, the scholarship monies shall automatically become a loan due payable to LEE INITIATIVES, INC. within one year of school termination date.
- QUESTIONS:**
- If you have any questions about the program or completion of the application, please call 533-0751.

"EMILY LEE SCHOLARSHIP PROGRAM" **APPLICATION**

APPLICANT: Please complete this form marking those questions which do not apply to you with N/A.
This form is to be submitted to:

Emily Lee Scholarship Committee
321 Main St. Suite 4A
Johnstown PA 15901

DATE: _____

GENERAL INFORMATION:

NAME _____ PHONE NO _____

ADDRESS _____ ZIP _____

DATE OF BIRTH _____

SPOUSE'S NAME _____ OCCUPATION _____

WHERE EMPLOYED _____

IF UNMARRIED AND/OR UNDER AGE 25, PLEASE ANSWER THE FOLLOWING:

FATHER'S NAME _____ ADDRESS _____

FATHER'S OCCUPATION _____ WHERE EMPLOYED _____

MOTHER'S NAME _____ ADDRESS _____

MOTHER'S OCCUPATION _____ WHERE EMPLOYED _____

FAMILY COMPOSITION (Number of siblings (including ages), and others in household.)

EDUCATIONAL HISTORY: (Please include a transcript of your high school and/or college grades)

Name & Location	Dates Attended	Major Courses	Grade Average	Year Graduated
High School _____	_____	_____	_____	_____
College _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
What academic honors have you received? _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CURRENT EDUCATIONAL PLANS:

Name and address of school or college you are currently enrolled or to which you have been accepted _____

Course of study, program or curriculum which you plan to pursue _____

Degree or certification being sought _____

Expected date of graduation _____

What are your career plans following graduation? _____

FINANCIAL INFORMATION:

Explain how you financed, or plan to finance, your education to date? _____

List your income sources by name and relationship to you (Please include copy of the latest W2 form from the person who is financially responsible for you. If you live independently away from parent or guardian, then only your W2 is required—if applicable. All financial information will be kept confidential)

Please indicate any additional information concerning unusual circumstances which would affect you or your ability to meet your educational expenses

Itemize your approximate educational expenses for one year:

List all other scholarships, grants, financial awards and amounts you have applied for and/or received:

Tuition _____

Special Fees _____

Room & Board _____

Books _____

TOTAL _____

ACTIVITIES AND INTERESTS:

School or community activities _____

Special interests or hobbies _____

VOLUNTEER SERVICE:

Please list & describe any volunteer service history:

WORK HISTORY:

EMPLOYER

ADDRESS

JOB HELD

DATES OF EMPLOYMENT

GOALS AND ASPIRATIONS:

Please write a brief essay (100-200 words) on your goals as they relate to your future career in health care.

OTHER EXPERIENCES:

In 50 words or less, please state who or what has contributed to your achievements to date.

My signature below certifies that the information I have furnished on this application is true & correct to the best of my knowledge, information and belief.

Applicant's Signature

Date

**APPLICATION MUST BE RECEIVED OR POSTMARKED
NO LATER THAN:**

FRIDAY, MAY 8, 2020

Please inform your references that they must
comply with the deadline also.

“EMILY LEE SCHOLARSHIP PROGRAM”
EVALUATION

SECTION 1: To be completed by applicant.

Applicant's Name _____
Last First Middle

W A I V E R

The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for the Emily Lee Scholarship.

A. I **waive** the right to see this evaluation..

Signature

Date

B. I **retain** the right to see this evaluation.

Signature

Date

I hereby request that _____ complete this evaluation as my
academic, personal or work reference.
(choose and circle one)

The information provided will be reviewed by the Scholarship Committee to help determine my worthiness for a scholarship sponsored by the Lee Initiatives, Inc.

SECTION 2: To be completed by the evaluator.

The applicant is a candidate for the Emily Lee Scholarship for individuals entering health care fields of study. Your comments will be read by the Scholarship Selection Committee to gain better understanding of the applicant. Your cooperation in completing and promptly returning this evaluation will assist both the applicant and the Committee. Thank you.

(OVER)

A. What do you consider to be the chief strengths and weaknesses of the applicant? If possible, give examples:

B. Additional comments:

C. How long have you known the applicant? _____

In what capacity? _____

D. Please indicate your recommendation of the applicant:

_____ Strongly Recommend

_____ Recommend

_____ Do not Recommend

Date _____ Signature _____ Position _____

Address _____

Reference must be received or postmarked by **Friday, May 8, 2020**, otherwise, application will be considered incomplete.

Please mail completed form to:

Cindy Ocipa
Emily Lee Scholarship Program
321 Main St. Suite 4A
Johnstown, PA 15901

PLEASE REMEMBER...

References are NOT meant to be returned with your application!

We are to receive each reference separately from the person giving the reference by the deadline date.

Please try to secure a personal, work and academic reference.

If you have not been employed, try to include two academic references and one personal reference.

Emily Lee Scholarship Checklist:

- ♦ Completed Application
- ♦ W2-Mother's
- ♦ W2- Father's
- ♦ Most recent Transcript (High School/College)
- ♦ References sent by referral source:
 - Personal
 - Work
 - Academic