



YLS TEXTBOOK SCHOLARSHIP

Recipients may receive up to \$4,000 in scholarship funds.

SCHOLARSHIP CRITERIA

To be eligible for the scholarship award, students must:

- Be a high school senior attending a Greater Stark County school district (Stark and Carroll Counties included)
- Be a first-generation college student – defined as a student pursuing a two-year associate's degree or four-year college or university degree whose parent(s) or guardian(s) did not complete a two-year associate's degree or four-year college or university degree
- Have an accumulated grade point average of 2.75 or better on a 4.00 scale or the equivalent by the demonstration of proficiency on all required state standards
- Submit this application, an official high school transcript and one letter of recommendation from a personal (non-family) reference by the published deadline of **March 31, 2023** to Madison Evans (mevans@employershealthco.com) or Brett Pinson (bpinson@employershealthco.com).
- Scholarship recipients must remain enrolled and submit a digital copy of their transcript each year and maintain an overall 2.5 GPA from the previous year in order to receive the next \$1,000 installment

Each of these criteria is a requirement, along with other factors as may be determined by the United Way Young Leaders Society Steering Committee. Students from underrepresented populations are encouraged to apply.

Please email Madison Evans (mevans@employershealthco.com) or Brett Pinson (bpinson@employershealthco.com) with any questions regarding the application process.

SCHOLARSHIP APPLICATION

** Denotes required field.*

PERSONAL STATEMENT: Please submit a response to each of the following questions.

* Please describe the environment from which you come (your family, community or school) and how this environment has influenced your future education plans. What type of environment do you hope to create? (250-word limit)

* What lifelong skills have you learned from extracurricular activities that you have participated in (school clubs, volunteering, sports, church functions, occupational, etc.)? (250-word limit)

* How will this scholarship help you achieve your goals? (100-word limit)

* List any colleges and or universities to which you are applying or plan to apply. Please include your intended major if possible.

PERSONAL INFORMATION:

* Last Name

* First Name

* Middle Initial

* Street Address

* City

State

* Zip

* Birth Date (mm/dd/yyyy)

* Primary Phone (###)###-####

Secondary Phone (###)###-####

* Email

* What is the highest level of education your parent(s) or guardian(s) have completed?

Some High School

Completed 2-year Associate's Degree

Completed High School

Completed 4-year Degree at College/University

Trade/Technical/Vocational Training

Some Postgraduate Education

Some College/University Education

Completed Postgraduated Education (Masters or Doctorate)

* What degree and textbook scholarship are you pursuing?

2-year Associate Degree (up to 2 - \$1,000 installments)

4-year College or University Degree (up to 4 - \$1,000 installments)

ACADEMIC INFORMATION:

* Name of Current High School

* Location of High School

* Intended Date of High School Graduation (mm/dd/yyyy)

EXTRA-CURRICULAR ACTIVITIES IN HIGH SCHOOL (music, clubs, sports, etc.):

Name of Activity	Years Participated 9 10 11 12	Related offices or positions held	Number of years in position
1.			
2.			
3.			
4.			
5.			

ACTIVITIES OUT OF SCHOOL (community service, scouting, faith-based etc.):

Name of Activity	Years Participated				Related offices or positions held	Number of years in position
	9	10	11	12		
1.						
2.						
3.						
4.						
5.						

Other evidence of special talents, honors, awards:

WORK EXPERIENCE:

Job Title	Employer
Approximate Hours per Week	Employment Length (in months)

PERSONAL(non-family) REFERENCE:

* Name	* Relationship
Email Address	* Phone Number (###)###-####

CERTIFICATION STATEMENT: Please read statement and sign below

I affirm that the information that I have provided on this application form and any additional material that I submit is complete, accurate and true to the best of my knowledge. I authorize each high school that I have attended to release academic and personal information, as related to this scholarship application. Any application containing false or misleading information or documentation can result in revocation of the scholarship.

* Name

* Date (mm/dd/yyyy)

* GPA (on 4.0 Scale); State Standards Ranking; or Equivalent

Please submit this application along with one letter of recommendation from a personal (non-family) reference and an official copy of your transcript* to:

United Way of Greater Stark County
Attn: Young Leaders Society
401 Market Ave N.
Canton, OH 44702

Madison Evans (mevans@employershealthco.com)
Brett Pinson (bpinson@employershealthco.com)

****School transcript can be sent directly from the school to one or both of the above contacts.***