Scholarship Criteria Agreement

1. **Name and Address of Principal Benefactor(s)**

Redevelopment Authority of the City of Erie (RACE)

Erie Neighborhood Growth Partnership (ENGP)

626 State Street, Room 107

Erie, PA 16501

1. **Scholarship Criteria**
2. Applicant must live within Erie County
3. Applicant must be pursuing post-secondary education at an accredited vocational/technical course, trade school, college or university. The institutuion must be located in Pennsylvania, with the exception of online schools.
4. The family’s annual income must fall within the income guidelines of 100% AMI (see attached).
5. Applicants must be full time. However, the Executive Director and/or the Community Relations Manager can make exceptions, if warranted.
6. Applicants who have received the scholorship in the last 24 months are not eligible to apply again.
7. A list of schools the student has been accepted into must be provided.
8. Scholarships will be made directly to the institution, in either one payment or two depending on the wishes of the applicant. If two installments are desired and the awardee doesn’t go back for the second semester or does not complete the first—the remaining scholarship funds will be forfeited
9. Applicants may not be the child of a RACE employee or ENGP Board member.
10. The applicant must provide a list of volunteering/extra curricular activities.
11. Open to high school seniors, college freshman, sophomores and juniors.
12. Up to $5,000 may be awarded annually. Approvals will be left to the discretion of the Executive Director of the Redevelopment Authority of the City of Erie.

**Scholarship Application Form**

**Personal Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_ ZIP Code: \_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Background**

School/College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade Level/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_GPA: \_\_\_\_\_

Anticipated Field of Study/Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Extracurricular Activities and Leadership Roles** (Clubs, sports, volunteer work, leadership positions, etc.)

**Essay Section** (Attach a separate sheet of paper)

1. Why do you feel that post high school education is important?
2. What are your personal career goals – and why?
3. What significant events or people have strongly influenced your life – and why?
4. What is your definition of success?
5. How are you preparing yourself to achieve the success that you have just defined?
6. How will your schooling or training affect you, and what contribution do you hope to make to your community or society as a result?
7. Is there an additional comment or statement you wish to make that may influence the Scholarship Committee’s decision with regards to your application?
8. **References** (List at least two individuals who can speak to your qualifications/character)

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Documents** (Attach copies of the following)

* ☐ Official Transcript
* ☐ Recommendation Letters (Minimum of Two)
* ☐ Proof of Enrollment or Admission
* ☐ Essay Responses

**Certification and Signature,** I certify that all the information provided in this application is accurate and truthful to the best of my knowledge. I understand that providing false information may result in disqualification from the scholarship program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_