

# Birthcare of Medina County Scholarship Program

Apply by Monday, June 29, 2020 for programs or classes (academic or vocational)  
beginning in the Fall/Winter 2020

*We care about you and your future!*

## To Qualify:

- You must be a client or client spouse of Birthcare within the current year
- You must be a resident of Medina County
- You must have a GED or high school diploma

## Scholarships will be awarded based on:

- Need
- Clarity of stated goals and objectives
- Impact scholarship would have on your future

**Awards of at least \$500 are given to one or more applicants each year who meet the above criteria and are recommended by the scholarship committee.**

**Payments are only made to the schools.**

You will be notified the week of July 27<sup>th</sup> if you have been awarded a scholarship.

Please complete the following information to apply:

Name \_\_\_\_\_

Address \_\_\_\_\_ Email address \_\_\_\_\_

City/Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

Date of birth \_\_\_\_\_ Marital status \_\_\_\_\_ No. of children \_\_\_\_\_

Highest grade of school completed or GED obtained \_\_\_\_\_

Sources of income \_\_\_\_\_

Place of employment \_\_\_\_\_

List financial aid you are currently receiving or have applied for \_\_\_\_\_

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Name of school/training program you want to attend \_\_\_\_\_

Address of school \_\_\_\_\_

Phone number of school \_\_\_\_\_

Contact person at school \_\_\_\_\_

Full tuition cost of program \_\_\_\_\_

Duration of program/class:

\_\_\_\_\_ weeks      \_\_\_\_\_ month(s)      \_\_\_\_\_ semester(s)

When must you register for the program/class? \_\_\_\_\_

Have you registered for the program/class? \_\_\_\_\_

When do classes start? \_\_\_\_\_

Exact name of program/class you will be enrolled in \_\_\_\_\_

Will you still attend this program/class even if you don't receive the scholarship? Yes    No

**Please use another sheet of paper to type the answers to the following questions:**

- 1. Why are you a good candidate to receive this scholarship?**
- 2. From a financial standpoint, what impact would this scholarship have on your education?**
- 3. Briefly describe your long and short-term goals.**

Return completed application with typed essay by Monday, June 29, 2020 to:

**Birthcare of Medina County**

**Scholarship Program**

**620 East Smith Rd., Unit E-5A, Medina, Ohio 44256**

For further information, contact:

Meg Benninger (330) 441-1894/Sally Pap (330) 697-3177