

YLS TEXTBOOK SCHOLARSHIP

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

SCHOLARSHIP CRITERIA

To be eligible for the scholarship award, students must meet the following criteria:

- Be a high school senior attending high school in 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, 2025 to Madison Connor (mconnor@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 and will be considered along with other factors as may be determined by the United Way Young Leaders Society Scholarship Selection Committee. Students from underrepresented populations are encouraged to apply.

Please email Madison Connor (mconnor@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 environment describe has the influenced environment your that future you education come from plans. (your What family, type of community environment or do school) you and hope how to this 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.

* Last Name	* First Nam	e * Midd	* Middle Initial		
* Street Address	* City	State	* Zip	* Birth Date (mm/dd/yyyy)	
* Primary Phone (###)###-####		Secon	dary Ph	one (###)###-####	
* Email		_			
Completed High School Trade/Technical/Vocation Some College/University * What degree and textbook 2-year Associate Degree 4-year College or University ACADEMIC INFORMATION	onal Training Some Education Comp scholarship are you p (up to 2 - \$1,000 insta ity Degree (up to 4 - \$	Postgraduate Ed leted Postgradua ursuing? Ilments)	ducation ted Ed	College/University on ucation (Masters or Doctorate)	
Name of Current High School		* Loca	* Location of High School		
* Intended Date of High School Gr	· · · · · · · · · · · · · · · · · · ·	- CHOOL (music	aluba	charte eta):	
Name of Activity	Years Participate 9 10 11 12	· · · · ·	es	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 9 10 11 12	Related offices or positions held	Number of years in position			
1.						
2.						
3.						
4.						
5.						
Other evidence of special talent	s, honors, awards:					
WORK EXPERIENCE:						
Job Title	Employer					
Approximate Hours per Week	Employment Length (in months)					
PERSONAL(non-family) REF	ERENCE:					
* Name	* Relationship	* 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)

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 Connor (mconnor@employershealthco.com)
Brett Pinson (bpinson@employershealthco.com)

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

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