



Lebanon County Teen Pregnancy Prevention & Support Network

Scholarship Award

The Lebanon County Teen Pregnancy Prevention & Support Network is offering a scholarship, in partnership with the Lebanon County Home Economics Association, to a single parent meeting the criteria, wishing to pursue a career to help him/her obtain a certification that will lead to living wage employment. This general scholarship will cover the full cost of tuition for one of the programs listed on the application.

Applications must be submitted by _____, 20

Preference will be given to the following criteria:

1. Applicant is a Lebanon County resident enrolled or seeking to enroll in a workforce related program at HACC's Lebanon Campus.
2. Applicant is enrolled or seeking to enroll in a certification course connected to food and nutrition, wellness or consumer skills in its entirety to receive the award.
3. Applicant is a single parent participating in one or more of the following: Mentor a Mother, PinnacleHealth Nurse-Family Partnership, Penn State Extension Nutrition Links, IU 13's Education Leading to Employment and Career Training (ELECT), Knights of the 21st Century, Child and Adolescent Service System Program (CASSP), Early Headstart, parenting classes at Lebanon Family Health Services, Lebanon Pregnancy Center or attending a parenting classes through a Lebanon county provider.
4. Applicant has financial needs that are unmet and other funding is not available to pay the tuition.
5. Applicant has adequate childcare provisions or is willing to participate in childcare that is available through community resources for children.
6. Applicant is between the ages of 17 – 25.

Applications will be reviewed by a committee comprised of representatives from the Teen Pregnancy Prevention Support & Network and the Lebanon County Home Economics Association. The recipient of the scholarship will have the tuition paid for the program to HACC upon completion of the course.

*****Applicants are considered without regard to race, creed, color, sex, religion or national origin*****

Proud Educational Partner





Lebanon County Teen Pregnancy Prevention & Support Network Scholarship Award Application

Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Name of School Most Recently Attended: _____

Program of Study/Interest: (check one)

- | | |
|--|---|
| <input type="checkbox"/> Medical Billing and Coding Specialist | <input type="checkbox"/> Physician Office Assistant |
| <input type="checkbox"/> Certified Nurse Aide | <input type="checkbox"/> Culinary Arts |
| <input type="checkbox"/> Pharmacy Technician Program | <input type="checkbox"/> Call Center Specialist |
| <input type="checkbox"/> Phlebotomy Technician | |

Do you have childcare to support you while you attend classes? Yes or No (circle one)

Which program(s) do you participate in (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Mentor a Mother | <input type="checkbox"/> IU 13's Education Leading to Employment and Career Training (ELECT) |
| <input type="checkbox"/> Pinnacle nurse/family partnership | <input type="checkbox"/> Knights of the 21 st Century |
| <input type="checkbox"/> Penn State Extension nutrition links | <input type="checkbox"/> Child and Adolescent Service System Program (CASSP) |
| <input type="checkbox"/> Parenting classes through _____ | |
| <input type="checkbox"/> Careerlink | |
| <input type="checkbox"/> Probe | |

Please submit one (1) professional letter of recommendation and a copy of your transcripts.

On a separate sheet, write an essay no more than 750 words explaining the following items:

- Your career goals.
- How this scholarship will be used to obtain your career goals.
- Any other information about yourself that you feel would make you the individual most deserving of this scholarship.

Submission of this application permits the committee to speak to reference and participating organizations.

Signing below indicates that all of the information included in the application is accurate and true.

Failure to complete the program and any certification or internships will result in the recipient being responsible for tuition.

I have read and agree to the terms of the scholarship.

Signature

Date

Submit the completed application to Lebanon Family Health Services, Attn: Director of Education, 615 Cumberland St., Lebanon, PA 17042