

Ottauquechee Health Foundation Health and Wellness Scholarship Award Amount: \$500

Application Deadline: April 30th Annually

This scholarship is for high school students who live within our catchment area or who will be graduating from Woodstock Union High School in Woodstock, VT.

For more than 25 years, the Ottauquechee Health Foundation has improved the health and well-being of those who live in the towns we serve. We do this through financial assistance, community partnerships, education opportunities, and support of wellness initiatives. We assist in the healthcare needs of these core towns: Barnard, Bridgewater, Hartland, Killington, Plymouth, Pomfret, Quechee, Reading, and Woodstock, VT.

To help support our mission of creating the healthiest communities possible, OHF has founded the OHF Health and Wellness Scholarship Award. This scholarship will be awarded to those planning to pursue or expand their careers in the health and wellness fields.

*Please complete the following application and include a short essay describing why you are the ideal candidate for this award.

Please email or mail applications to:

Hali Robinson, Executive Director Director@ohfvt.org Ottauquechee Health Foundation PO Box 784 Woodstock, VT 05091



Ottauquechee Health Foundation Health and Wellness Scholarship

| Name: | |
|---|--|
| Town of Residence: | |
| Hobbies/Interests: | |
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| College/Career Plan: | |
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| Area of Study/Work: | |
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| Essay: Places include a short assay describing your plans in the | as health and wallness someon you plan to |
| Please include a short essay describing your plans in the pursue or expand. Be sure to include details regarding you chose it, your personal story behind your choice and the pursue of | your interest in that particular field (why nd what you hope to address through this |
| career choice). Please also include your post-education plan to serve and how to you plan reach those goals) as scholarship will help you pursue your goals in the heal | nd an explanation as to why this particular |
| Applicant Signature: | Date: |
| Tippineane 218mmie. | |
| Parent Signature: | Date: |
| (if applicant is under 18 years of age) | |