



## **Ottauquechee Health Foundation Health and Wellness Scholarship**

***Award Amount: \$500***

Application Deadline: April 30<sup>th</sup> 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:**

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



## Ottawaquechee Health Foundation Health and Wellness Scholarship

**Name:**

**Town of Residence:**

**Hobbies/Interests:**

**College/Career Plan:**

**Area of Study/Work:**

**Essay:**

Please include a short essay describing your plans in the health and wellness career you plan to pursue or expand. Be sure to include details regarding your interest in that particular field (why you chose it, your personal story behind your choice and what you hope to address through this career choice). Please also include your post-education plans (where you plan to work, who you plan to serve and how to you plan reach those goals) and an explanation as to why this particular scholarship will help you pursue your goals in the health and wellness fields.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(if applicant is under 18 years of age)*