



Paul E. Price Memorial Scholarship



APPLICATION DEADLINE: April 8, 2026

GENERAL SCHOLARSHIP GUIDELINES:

- Everett Area High School Graduating Senior
- Pursuing any degree or certification in a healthcare or medical profession field

PERSONAL INFORMATION

Full Name: _____

Address: _____

Phone: _____ **Email:** _____

Date of Birth: ____/____/____ **Current School:** _____

Graduation Date: _____ **Employer:** _____

Intended Profession: _____

Post Secondary School Choice: _____

Extra Curricular Activities: _____

Community Service Activities: _____

Applicant Signature

More Information :

Include a statement in 100-300 words on how you can benefit from this scholarship.

Please submit application and statement to:

Paul E Price Scholarship Committee

4 E South Street, Everett PA 15537

ras@raystownambulance.com