

PLEASE PRINT NEATLY IN BLACK INK OR TYPE

Mail completed application to: SYCBA: 644 Shrewsbury Commons Ave, #252, Shrewsbury, PA 17361

APPLICANT INFORMATION

\Box Mr.				
□ Miss Name (Last)	(First)		(Middle Initial)	
Permanent Address (Street/P.O. Box)		City		
Date of Birth (month, day, and year)	Telephone Number	Email Address		
Name of Parent/Guardian Permanent mailing address of parent/ Guardian if different from applicant				
SCHOOL DATA	City	State	Zip Code	
High School	Anticij	pated Graduation I	Date	
Address				
Street/P.O. Box	City		Zip Code	
Name of High School Principal				
Type of post-secondary school for wh 4-year college/university Community College Accredited Yes No		equested nal/Technical scho please specify)	pol	
Rank the schools to which you've app	blied in order of preference			
1				
2				
3.				
5				

Major field of study applicant plans to pursue _____

On a separate sheet of paper, please respond to the following prompt:

How will your role in your chosen career path have an impact on your community?

PERSONAL DATA

Describe your work experience during the **past four years**. Indicate dates of employment in each job and approximate number of hours worked each week. You may attach a resume in place of this section.

Employer	Position/Responsibilities Date Employed (mo/yr		Hours per week	

List all school activities in which you have participated during the **past four years** (e.g. student government, music, athletics, etc.) Also, list all community activities in which you have participated without pay during the **past four years** (e.g. church work, volunteer service). Indicate all special awards/honors. You may attach a resume in place of this section.

Activity	No. of Years Participated	Special Awards/Honors

OTHER AWARDS

Please list below the name of any grants or scholarships you have been awarded for the coming year.

Name of Award	Amount	Granted	Pending

SIGNATURE By signing this application you verify the information is complete and accurate.

TRANSCRIPT INFORMATION

High School seniors must include a transcript and have the following section completed by the appropriate school official.

APPLICANT APPRAISAL (Required)

To be completed by a high school counselor

You have been asked to provide information in support of this scholarship application for ______. Please give immediate and serious attention to the following statements. When complete, please return this form to the applicant in a sealed envelope.

The applicant's choice of post-secondary education is	□ Extremely Appropriate	□Very Appropriate	□Moderately Appropriate	□Inappropriate
The applicant's achievements reflect his/her ability	□ Extremely Appropriate	□Very Appropriate	□Moderately Appropriate	□Inappropriate
The quality of the applicant's commitment to school and community is	□ Extremely Appropriate	□Very Appropriate	□Moderately Appropriate	□Inappropriate
The applicant demonstrates curiosity and initiative	□ Extremely Appropriate	□Very Appropriate	☐Moderately Appropriate	□Inappropriate
The applicant demonstrates good problem-solving skills, follows through and completes tasks	□ Extremely Appropriate	□Very Appropriate	□Moderately Appropriate	□Inappropriate
The applicant's respect for self and others is	□ Extremely Appropriate	□Very Appropriate	□Moderately Appropriate	□Inappropriate

Comments:

School Counselor's Printed Name

School Counselor's Signature