



SCHOLARSHIP APPLICATION

PLEASE PRINT NEATLY IN BLACK INK OR TYPE

Mail completed application to: SYCBA: PO Box 361 Loganville, PA 17342

APPLICANT INFORMATION

Name (Last) _____ (First) _____ (Middle Initial) _____

Permanent Address (Street/PO Box) _____ City _____ Zip Code _____

Date of Birth (month, day, and year) _____ Telephone Number _____ Email Address _____

Name of Parent/Guardian _____

Parent/Guardian Email _____

Parent/Guardian Telephone Number _____

SCHOOL INFORMATION

High School _____ Anticipated Graduation Date _____

Address _____
Street/PO Box _____ City _____ Zip Code _____

Type of post-secondary school for which the applicant's scholarship is requested

☐ 4-year college/university

☐ Vocational/Technical school

☐ Community College

Rank the schools to which you have applied, in order of preference, or list the post-secondary institution you have committed to

1. _____
2. _____
3. _____

Major field of study applicant plans to pursue _____

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

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

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

If you receive this scholarship how do you intend to utilize the funds?

☐ Books

☐ Tuition

☐ Room/Board

☐ Other _____

If awarded, where should funds be sent?

☐ Institution _____

☐ Home* _____

☐ Other* _____

*acceptance letter must be presented
for funds to be released

APPLICANT SIGNATURE

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

Applicant Signature

Date

TRANSCRIPT INFORMATION

Applicants must include a transcript and have the following section completed by the appropriate school official.

APPLICANT APPRAISAL (Required)

To be completed by a 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 appropriate	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
The applicant's achievements reflect his/her ability	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
The quality of the applicant's commitment to school and community is appropriate	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
The applicant demonstrates good problem-solving skills, follows through and completes tasks	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
The applicant shows respect for self and others	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree

Comments:

School Counselor's Printed Name

School Counselor's Signature

Telephone Number

Date

Postdate by date indicated on website or email to SYCBAScholarship@gmail.com. Subject line - Scholarship Application Submittal