



SCHOLARSHIP APPLICATION

Submit completed applications to: sycbascholarship@gmail.com

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 _____

How do you plan to pay for continuing education? (self, parents, loans, scholarships, other _____)

*Circle all that apply

OTHER AWARDED SCHOLARSHIPS

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

Name of Award	Amount	Granted	Pending

Please submit 1-5 letters of reference

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

Were you dual-enrolled as a Senior? Yes - where? _____ No

If you are selected as a finalist, would you be available for an interview either in person or by phone? Yes No

ESSAY: 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?

TRANSCRIPT INFORMATION

Applicants must include a transcript and have the following page completed by the appropriate school representative.

APPLICANT SIGNATURE

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

Applicant Signature

Date

APPLICANT APPRAISAL (Required)

To be completed by a school representative

You have been asked to provide information in support of this scholarship application for _____.

Please give immediate and serious attention to the following statements.

- | | | | | |
|---|---|--------------------------------|-----------------------------------|--|
| 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 Representative's Printed Name

School Representative's Position

School Representative's Signature

Telephone Number

Date