



## SCHOLARSHIP APPLICATION

Applicant must attend a York County school and have an average GPA of 3.0 or higher  
Please read entire application before completing

### 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 \_\_\_\_\_

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

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





**LETTERS OF REFERENCE:** at least one required

**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

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\* \_\_\_\_\_

\*commitment letter must be presented for funds to be released

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  Strongly Agree  Agree  Disagree  Strongly Disagree

The applicant's achievements reflect his/her ability  Strongly Agree  Agree  Disagree  Strongly Disagree

The quality of the applicant's commitment to school and community is appropriate  Strongly Agree  Agree  Disagree  Strongly Disagree

The applicant demonstrates curiosity and initiative  Strongly Agree  Agree  Disagree  Strongly Disagree

The applicant demonstrates good problem-solving skills, follows through and completes tasks  Strongly Agree  Agree  Disagree  Strongly Disagree

The applicant shows respect for self and others  Strongly Agree  Agree  Disagree  Strongly Disagree

Comments:

\_\_\_\_\_  
School Representative's Printed Name

\_\_\_\_\_  
School Representative's Position

\_\_\_\_\_  
School Representative's Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

Please submit one email to [sycbascholarship@gmail.com](mailto:sycbascholarship@gmail.com) to include:

Application

Letters of Recommendation

Essay

Transcript

Resume (optional)

Commitment Letter (optional at this time)