

YORK COUNTY COMMUNITY FOUNDATION SCHOLARSHIP RECOMMENDATION

If you have any questions or need clarification in completing this form, please call Sandy Aulbach (717.848.3733).

Name of Scholarship/Award :

CHAPTER INFORMATION

Chapter Name:

Chapter Contact Name and Telephone:

Date of Award Ceremony:

CANDIDATE INFORMATION

Name:

Permanent Address:

Telephone:
()

Email:

High School:

Social Security No.:

Class Rank:

GPA:

Name of accredited college, university or technical/trade school to which student has been admitted (as a full-time student) and plans to attend. Intended course of study (if known).

Amount of student's Financial Need (as calculated by the Dollars For Scholars Chapter or College/University Financial Aid Office).

Describe school, community, personal and work activities; noteworthy achievements (awards & recognition).

Summarize why this student is being recommended for the scholarship.

I certify that the information provided on this application is true and accurate to the best of my knowledge.

Signature of Chapter Representative/Title

Date