

**DILLSBURG AREA BUSINESS ASSOCIATION
\$1,000 SCHOLARSHIP APPLICATION**

Please type or print

Last Name	First	Middle	
Home Street Address	City	State	Zip
Home Phone	Parent/Guardian Names		
Cumulative GPA	SAT Verbal	SAT Math	Graduation Date
Name of Institution of Higher Learning			

High School Activities

1. Memberships and Extracurricular Activities

Include involvement in church, clubs, organizations, or other activities at school or in your community.

Years Involved (Circle)	Organization or Group Name	Position	Responsibilities
Fr So Jr Sr			
Fr So Jr Sr			
Fr So Jr Sr			
Fr So Jr Sr			
Fr So Jr Sr			
Fr So Jr Sr			

2. Awards and Honors

Include the awards, honors, and scholarships you have received from any organization.

Years Involved (Circle)	Organization or Group Name	Award Title
Fr So Jr Sr		
Fr So Jr Sr		
Fr So Jr Sr		
Fr So Jr Sr		

3. Community and Volunteer Service

Include all community service projects you have completed while in high school.

Years Involved (Circle)	Organization or Group Name	Description of Activity
Fr So Jr Sr		
Fr So Jr Sr		
Fr So Jr Sr		
Fr So Jr Sr		
Fr So Jr Sr		

4. Work Experience

Include any paid jobs you have had while in high school.

Years Involved (Circle)	Company Name	Position	Responsibilities
Fr So Jr Sr			
Fr So Jr Sr			
Fr So Jr Sr			
Fr So Jr Sr			
Fr So Jr Sr			

Please answer the following questions:

1. Why do you think you are deserving of this scholarship?

2. What are your goals and aspirations for the future and how will your educational plans help you to accomplish these goals?

Please complete, sign, and return this application to Guidance no later than April 30th.
Application must include the following:

- This completed form.
- A copy of your acceptance letter to an accredited institution of higher learning.
- A copy of your 3rd marking period report card.
- A recommendation form from a teacher, counselor, employer, or clergy in a sealed envelope.

Amount of Scholarship: \$1000

Requirements:

- A resident of Northern York County.
- Accepted at an accredited institution of higher learning.

I verify that all information provided is accurate.

Signature of Applicant: _____

Date: _____

DABA Scholarship Recommendation Form

To be completed by a teacher, counselor, employer, or clergy.

Name of Student: _____

Name of Appraiser: _____

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

The applicant's choice of a post-secondary education program is <input type="checkbox"/> extremely appropriate <input type="checkbox"/> very appropriate <input type="checkbox"/> moderately appropriate <input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability <input type="checkbox"/> extremely well <input type="checkbox"/> very well <input type="checkbox"/> moderately well <input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources <input type="checkbox"/> extremely well <input type="checkbox"/> very well <input type="checkbox"/> moderately well <input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative <input type="checkbox"/> extremely well <input type="checkbox"/> very well <input type="checkbox"/> moderately well <input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks <input type="checkbox"/> extremely well <input type="checkbox"/> very well <input type="checkbox"/> moderately well <input type="checkbox"/> not well
The applicant's respect for self and others is <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor

Please attach a short statement (no more than one page) on your overall impressions of the applicant.

Appraiser's Signature: _____

Title: _____

Telephone Number: _____

Date: _____

Business Address: _____