

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

Please type or print

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

**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:** (Use extra paper if necessary)

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 30<sup>th</sup>.  
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 3<sup>rd</sup> 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.
- A high school senior graduating this spring and beginning work at an accredited institution of higher learning this summer or fall.

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: \_\_\_\_\_