



The mission of SGASF is to build foundations for our future, one student and one scholarship at a time.

The Spring Grove Area Scholarship Fund wants to give their funds to deserving students. It's your job to properly sell yourself so they know why you are the right choice. Build a profile that stands out, one that showcases your originality, your character and your drive to be successful. These factors will be enough to push you over the edge and help you earn the money you need for school.

Below are some tips to help you complete a successful application:

- ✓ Begin working on completing the Scholarship form early. Give any pages that need completed by others (teachers, parents, etc.) to them in plenty of time.
- ✓ Follow directions and complete the entire application.
- ✓ Prepare your application form **NEATLY, ACCURATELY, COMPLETELY AND HONESTLY**. (type if possible using the on-line form, print, and then submit completed form with necessary attachments to Guidance Department.) If hand printing, do so neatly using only blue or black ink. **NEATNESS is IMPORTANT**: Your application may qualify for more scholarship money and be sent on to other organizations for scholarship consideration.
- ✓ Include **ALL** activities, honors, awards, achievements. If you think you will be getting more awards and/or achievements and would like to update your scholarship, it could be wise to complete the scholarship, but not submit until closer to due date, but by February 21, 2020 enabling you to update with additional information.
- ✓ Please be sure to watch for updates to the SGASF Available Scholarships Bulletin to be posted on the "HS Counselors' Corner" District webpage to view updated scholarships for which you may be eligible. The criteria listed for each available scholarship will assist you in determining what specific experiences/information you will want to list for consideration of eligibility as you are completing specific sections of the SGASF application.

PLEASE PRINT OR TYPE

(blue or black ink)

APPLICANT DATA

Application Updated November 2019



APPLICANT # _____

TO THE APPLICANT:

The "Awards Policy" of the Spring Grove Area Scholarship Fund, Inc., stipulates that awards of the organization will be open to any **graduating student senior** of the Spring Grove Area High School or other educational program where the Spring Grove Area Board of School Directors has oversight and has sanctioned district student participation, regardless of the type of postsecondary education program they will attend. Students of the following educational programs fit into this category:

- a. Senior students attending Spring Grove Area High School on target for graduation.
- b. Senior students attending York County School of Technology who are SGASD residents on target for graduation.
- c. Senior students attending York Adams Academy who are SGASD residents, and on target for graduation.
- d. Senior students who are assigned by SGASD to an LIU #12 class as the location for receipt of their educational program, and who are on target for graduation.
- e. Senior students who are assigned by SGASD to an Alternative Education Program as the location for receipt of their educational program and who are on target for graduation.
- f. Senior home-educated students registered with SGASD who have met Pennsylvania requirements for annual home education evaluation and are on target for graduation.
- g. Senior students who are attending Lincoln Edge Cyber Academy (LIU/SGASD joint program) or SGFlex.
- h. **THIS DOES NOT INCLUDE SGASD RESIDENT STUDENTS ATTENDING PRIVATE SCHOOL**

This application is to be completed in its entirety so the Awards Committee can determine your eligibility for receiving funds, which have been set aside to help those students who plan to go on to postsecondary education and who satisfy other criteria developed by the Spring Grove Area Scholarship Fund.

Complete ALL sections of this application at your earliest opportunity; then forward the application to the person you have selected to complete the appraisal (page 4). You are encouraged to select a school or guidance counselor or teacher. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all referenced documents are included. Spring Grove Area Scholarship Fund reserves the right to process only those applications found to be complete as of the application deadline.

REMEMBER: This application becomes valid when received by the application deadline of 3:00 PM on Friday, FEBRUARY 21, 2020.

IF ELIGIBLE, WE RECOMMEND THAT YOU CONSIDER COMPLETING A MUSIC BOOSTERS AND/OR ATHLETIC BOOSTERS SCHOLARSHIP APPLICATION. THEY HAVE A SEPARATE APPLICATION PROCESS, AND APPLICATIONS ARE AVAILABLE IN THE GUIDANCE DEPARTMENT.

PLEASE PRINT OR TYPE

(blue or black ink)

APPLICANT DATA

APPLICANT # _____

MR. _____ MS. _____
LAST NAME, FIRST NAME MI.

STREET ADDRESS CITY, STATE ZIP CODE

DATE OF BIRTH PHONE NUMBER EMAIL ADDRESS

NAMES OF PARENTS/GUARDIANS RESIDING WITH APPLICANT

EMAIL ADDRESS OF PARENT/GUARDIAN

Certification and Permission to use "Recipient Information"

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

I agree that if I am offered and accept an award from Spring Grove Area Scholarship Fund, or a named scholarship funded through Spring Grove Area Scholarship Fund, they may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend in press releases, public announcements, and other fundraising or promotional materials through all media sources (including the Internet), to advance the non-profit objectives of "The Fund."

Applicant's Signature _____

High School Currently Attending _____ Date _____

Please indicate if you and/or your parent/s (with which you reside) are an Adams Electric Cooperative customer in good standing: Yes ___ No ___

(If Yes, be sure and check the box on page 2 of the application as well.)

Parent's Signature (*if student is less than 18 years old*) _____

Date _____

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APPLICANT DATA

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APPLICANT # _____

DEMOGRAPHIC DATA

Gender: Male Female **If you or your Parent/Guardian are an Adams Electric customer, check here**

Please Check All that Apply:

- African American/Black Asian/Pacific Islander Hispanic/Latino
- American Indian/Alaska Native White/Caucasian Other _____

SCHOOL DATA

Elementary School Attended _____

High School Attended _____ Anticipated Year of Graduation: _____

High School Address _____

Name of High School Principal _____

Name of postsecondary school for which scholarship is requested: _____

Address of School: _____

- 4-year College/University Vocational-Technical
- Community College Other _____

Is the School Accredited? Yes No

*Intended **MAJOR** field of study you plan to pursue: _____

(*Indicating UNDECIDED for major field of student may disqualify applicant from some named scholarships)

MINOR field of study: _____

OTHER AWARDS

Please list below the names and amounts of any grants or scholarships that you have already been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

EFC Number from current FAFSA form \$ _____

PT. I – PERSONAL DATA – INVOLVEMENT in SCHOOL ACTIVITIES / LEADERSHIP ROLES

List all **school activities** in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.). Indicate all special awards and honors. It is VERY IMPORTANT that this information be accurate for equitable calculation by the Awards Committee.

Questionable or incomplete data will be disqualified.

School Related Activity	Grade				Special Awards, Honors, Offices Held include year/s that apply – 9, 10, 11, and/or 12
	9	10	11	12	

- CHECK IF YOU RECEIVED AN **EAGLE SCOUT AWARD**
- CHECK IF YOU WERE A MEMBER PARTICIPANT OF THE **SPRING GROVE JETS PROGRAM**
 - IF YES, HOW MANY YEARS WERE YOU A PARTICIPANT OF THE JETS PROGRAM? _____
 - IF YES, WERE YOU A MENTOR IN THE PROGRAM? _____ HOW MANY YEARS? _____
- CHECK IF YOU WERE A PARTICIPANT OF THE **SPRING GROVE YOUTH BASKETBALL PROGRAM**
 - IF YES, HOW MANY YEARS WERE YOU A PARTICIPANT OF THE SGYBA PROGRAM? _____
 - IF YES, WERE YOU A MENTOR IN THE PROGRAM? _____ HOW MANY YEARS? _____
- CHECK IF YOU WERE A PARTICIPANT OF THE **PAPERTOWN PINNERS PROGRAM**
 - IF YES, HOW MANY YEARS WERE YOU A PARTICIPANT OF THE PINNERS PROGRAM? _____
 - IF YES, WERE YOU A MENTOR IN THE PROGRAM? _____ HOW MANY YEARS? _____

PT. II – PERSONAL DATA – COMMUNITY SERVICE / LEADERSHIP ROLES & EXPERIENCE

List all **community service activities** in which you have participated **without pay** during the **past 4 years** (e.g., Red Cross, a scouting organization, church work, volunteer work). Indicate all special awards and honors. It is VERY IMPORTANT that this information be accurate for equitable calculation by the Awards Committee. **Questionable or incomplete data will be disqualified.**

Community Service Activity	Grade				Special Awards, Honors, Offices Held include year/s that apply – 9, 10, 11, and/or 12
	9	10	11	12	

PT. III – PERSONAL DATA – WORK EXPERIENCE

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked **each week**. It is VERY IMPORTANT that this information be accurate for equitable calculation by the Awards Committee.

Questionable or incomplete data will be disqualified.

Employer & Position –	Date You Began This Job: (Month and year within the past 4 years)	Date You Finished This Job: (Month and year within the past 4 years)	Hours You Worked Per Week

- CHECK IF YOU ARE CURRENTLY EMPLOYED WITH KENNIES MARKETS, INC.
- CHECK IF YOU HAVE A PARENT CURRENTLY EMPLOYED WITH KENNIES MARKETS, INC.

PLEASE PRINT OR TYPE

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APPLICANT DATA

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PT. IV – PERSONAL DATA – Share a statement of your plans as they relate to your post-high school educational, and career objectives and future goals:

PT. V – PERSONAL DATA – Please describe how and when any uniquely challenging family and/or personal circumstances have affected your achievement in school, work experience, or participation in school and community activities:

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APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school guidance counselor, teacher, advisor or coach.

****IF A HOME-SCHOOLED/HOME-TUTORED STUDENT, APPRAISER CANNOT BE THE PARENT/SUPERVISOR OF THE EDUCATIONAL PROGRAM.**

You have been asked to provide information in support of this Scholarship Fund application. Please give immediate and serious attention to the following statements, selecting the most appropriate response with a checkmark (✓). When complete, please return to applicant or forward an email letting the applicant know the section is completed.

	Strongly Agree	Agree	Disagree	Strongly Disagree
The applicant's choice of a postsecondary education program is excellent.				
The applicant's achievements reflect his/her ability extremely well.				
The applicant's ability to set realistic and attainable goals is excellent.				
The quality of the applicant's commitment to school and community is excellent.				
The applicant is able to seek, find and use learning resources extremely well.				
The applicant demonstrates curiosity and initiative extremely well.				
The applicant demonstrates good problem-solving skills, follow through, and task completion.				
The applicant demonstrates high regard and respect for him/herself and others.				

ADDITIONAL COMMENTS (Do NOT name the student)

Appraiser's Signature _____ Title _____ Date _____

Appraiser's Business Address _____ Phone _____

TRANSCRIPT and CLASS RANKING INFORMATION BELOW THIS LINE

TO BE COMPLETED BY STUDENT, SCHOOL OFFICIAL and/or AWARDS COMMITTEE CHAIR

Weighted GPA _____ / 100% Cumulative _____ GPA / 4.0 scale Class Rank _____ / _____

SAT Critical Reading / Writing _____ Math _____ ACT Composite _____

School Official's Signature _____ Title _____ Date _____

APPLICATION CHECKLIST

Application information for consideration of a 2020 Spring Grove Area Scholarship Fund Scholarship will be considered **ONLY** WHEN you have completed **ALL** sections of this application and secured **ALL** necessary signatures. Your application and materials **MUST** be received in the Guidance Office of the Spring Grove Area High School **NO LATER THAN 3:00 PM on FEBRUARY 21, 2020.**

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Spring Grove Area Scholarship Fund, Inc.
FINANCIAL ASSISTANCE INFORMATION

A. STUDENT

_____	_____	_____	_____
Last Name	First Name	Middle Initial	*Social Security Number
Permanent Mailing Address: _____			
Street			

_____	_____	_____ () _____	_____
City	State	Zip	Daytime Phone Number

B. FAFSA EFC DOCUMENTATION

ATTACH a printout or email from PHEAA containing your EFC number.

IMPORTANT NOTE: If EFC documentation is not submitted with the scholarship application, the amount of any award will be determined on the basis of ZERO financial need AND you will not be eligible for any possible PHEAA matching grants.

***SOCIAL SECURITY NUMBER WILL ONLY BE USED FOR PHEAA MATCHING GRANTS AND WILL BE KEPT IN CONFIDENCE. IN ORDER TO BE CONSIDERED FOR PHEAA MATCHING GRANTS, THE SOCIAL SECURITY NUMBER MUST BE PROVIDED.**