

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 desires to give their funds to deserving students. It's your job to properly sell yourself so SGASF knows why you are the right choice to receive a scholarship. 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 to help you earn the money needed for post-secondary school.

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

- ✓ Begin working on completing the scholarship form early. Give any pages that need completed by others (teachers, parents, counselors, NHS advisors, etc.) to them in plenty of time.
- ✓ Follow directions and complete the entire application.
- ✓ Prepare your application form NEATLY, ACCURATELY, COMPLETELY, AND HONESTLY. A PDF Application has been provided. Handwritten applications will not be accepted. Your application may qualify for more scholarship money and be sent on to other organizations for scholarship consideration. These additional scholarships are competitive and are available to students in districts throughout York County. Applications must be printed and turned into the counseling office.
- ✓ Include ALL activities in which you have participated along with ALL honors, awards, achievements you have earned both in and out of school from 9th to 12th grade. If you think you will be receiving more honors/awards, it would be wise to complete the scholarship application early, but not submit until closer to the due date of February 15, 2023 enabling you to update your application with additional information. This will help your application to be complete, current, and possibly raise your overall score.
- ✓ Student appraisals will be turned in to the counseling office by the appraiser.
- ✓ Please be sure to watch for updates to the SGASF Available Scholarships Bulletin to be posted on the high school section of the district webpage. This bulletin supplies you with the numerous different scholarships for which you will be considered based on your application. The criteria listed for each available scholarship will assist you in determining what specific experiences/information you should list for consideration of eligibility as you are completing different sections of the SGASF application. Additional documents, ex. recommendations, essays, are noted on the bulletin and must be submitted with the application.

Best wishes as you prepare for furthering your education!



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 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 convenience. Please forward the application appraisal section to the person you have selected to complete the appraisal no later than February 1st. You are encouraged to select a school counselor or teacher. If this procedure is not applicable, 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 FEBRUARY 15, 2023.

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 COUNSELING OFFICE.

**PLEASE TYPE
APPLICANT DATA**

Application Updated 9/23/22
APPLICANT # _____

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

ADDRESS STREET 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 _____

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

Date _____

**PLEASE TYPE
APPLICANT DATA**

Application Updated 9/23/22
APPLICANT # _____

DEMOGRAPHIC DATA

Gender: Male Female

SCHOOL DATA

Elementary School Attended _____

Intermediate School Attended _____

Middle 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: _____

Anticipated Annual Cost Per Year: _____

Funding Sources: Family Support Loans Scholarships Other (Please Describe below)

EFC Number from current FAFSA form \$ _____

OTHER AWARDS

Please list below the names and amounts of any funding, grants, or scholarships that you have already been awarded or provided for the coming school year. Include college funded scholarships.

Name of Award	Amount	Granted	Pending

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? _____
- CHECK IF YOU ARE A MEMBER OF **NATIONAL HONOR SOCIETY.**
 - IF YES, HOW MANY HOURS OF SERVICE DID YOU COMPLETE IN TOTAL? _____
 - NATIONAL HONOR SOCIETY ADVISOR SIGNATURE _____
- CHECK IF YOU ARE A MEMBER IN GOOD STANDING OF **TROUPE #6987 OF INTERNATIONAL THESPIAN SOCIETY.**
 - IF YES, HAVE YOU PARTICIPATED IN AT LEAST 2 PRODUCTIONS PER YEAR DURING YOUR HIGH SCHOOL 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.

PT. IV – PERSONAL DATA –

Describe the person you are based on events or people in your life and how it has shaped you into the person you are today. How have these events or people helped you achieve your goals? What is your expected course of study? What is the highest level of education you wish to complete? Where do you see yourself in five years from now?

TRANSCRIPT and CLASS RANKING INFORMATION BELOW THIS LINE

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

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

School Official's Signature _____ Title _____ Date _____

APPLICATION CHECKLIST

Application information for consideration of a 2023 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 Counseling Office of the Spring Grove Area High School **NO LATER THAN 3:00 PM on FEBRUARY 15, 2023.**

Spring Grove Area Scholarship Fund, Inc.
FINANCIAL ASSISTANCE INFORMATION

A. STUDENT

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

Street _____

_____ () _____

City	State	Zip	Daytime Phone Number
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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 MUST BE PROVIDED.**

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APPLICANT DATA

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APPLICANT APPRAISAL

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

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

LIST THE NAME OF THE APPRAISER THAT WAS REQUESTED

NAME OF APPRAISER: _____ DATE REQUESTED _____

THE APPLICANT APPRAISAL DOCUMENT MUST BE PROVIDED TO THE APPRAISER. THE APPRAISER WILL TURN THE FORM DIRECTLY INTO THE COUNCILING OFFICE. THE DOCUMENT IS AVAILABLE FOR DOWNLOAD FROM THE SGASF WEBSITE.

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APPLICANT DATA

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ADDITIONAL INFORMATION

Utilize this space for additional considerations, example - essays and responses.