

Enhancing Education Through Community Support

To the West York Area School District Student Body and Community:

In October 2012, the West York Area School District, with vital community support, formed The Foundation for the West York Area School District. The Foundation was officially incorporated by the Commonwealth of Pennsylvania in October of 2012 and was granted status as a section 501(c)3 tax-exempt entity by the IRS in February of 2013.

The mission of the Foundation is to ensure the highest level of educational resources and innovation supporting students, faculty and staff through community involvement in a lifetime partnership of learning. The primary objectives of the Foundation are:

- To fund creative and innovative programs and resources for WYASD schools, programs and services.
- To encourage community involvement and support for the District's schools.
- To develop partnerships between the District and alumni
- To develop relationships with business, industry and governmental agencies

In 2013, the Foundation added to its purposes the role of primary conduit for awarding scholarships for post-secondary education to West York Area School District students. The Foundation has thereby taken over the role formerly held by the local Dollars for Scholars charity. This changeover occurred at the request of Dollars for Scholars. Therefore, District students seeking post-secondary scholarships should apply for these through The Foundation for the West York Area School District. To this end, please complete the attached application for consideration of awards.



ID#

2605 West Market Street, York, PA 17404
Email: execdir@foundationwyasd.org
www.foundationwyasd.org
Phone: 717-792-2796, ext.1006

Enhancing Education Through Community Support

TO THE APPLICANT:

Please complete this application so we may determine your eligibility to receive funds set aside to assist students who plan to go on to postsecondary education. Eligibility is based upon criteria developed by, or mandated upon, The Foundation for The West York Area School District.

Complete your sections of this application as soon as feasible then forward the application to the person you have selected to complete the appraisal on Page 4. You are encouraged to select a school counselor or teacher for this appraisal.

If any questions are not applicable to your current situation, please answer "NOT APPLICABLE" in the space provided. If more space is required for information on any items, you may attach additional sheets, and please indicate "SEE ATTACHED" in the appropriate sections.

You are responsible for seeing that all supporting documents are included with the application. The Foundation for The West York Area School District reserves the right to process only applications found to be complete as of the application deadline of **March 20, 2021**.

REMEMBER: This application becomes valid only when the following items have been submitted:

- Completed application**
- Completed "Applicant Appraisal Form"**
- Copy of Transcript**
- Copy of Letter of acceptance for postsecondary school of choice.**

To be considered for any financial need-based scholarships, please also include the following:

- Copy of EFC (Estimated Family Contribution) letter from FAFSA**

SCHOOL DATA

Name of postsecondary school for which applicant's scholarship is requested:

(city) (State)

Major field of study applicant plans to pursue: _____

Elementary Schools attended: _____

Middle School attended: _____

THE FOUNDATION FOR THE WEST YORK AREA SCHOOL DISTRICT

AWARD AMT

[Empty box for Award Amount]

ID #

[Empty box for ID Number]

PLEASE PRINT OR TYPE

APPLICANT DATA

Mr. Ms. Name (Last) (First) (MI) Social Security Number

Permanent Address (Street) (City) (State) (Zip)

Date of Birth (month, day, year) Telephone Number E-Mail Address (Optional)

Name of parent/guardian

Permanent mailing address of parent/guardian if different from applicant (Street) (City) (State) (Zip)

() Telephone Number

Certification and Permission to use "Recipient Information" to Announce Scholarship Winners

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 the Foundation for The West York Area School District, the Foundation 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 any postsecondary institution I attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in any media (including the Internet), to advance the non-profit objectives of the Foundation for The West York Area School District.

Applicant's Signature Date

Parent (Guardian) Signature Date

DEMOGRAPHIC DATA (optional)

Please Check All that Apply:

- African American/Black Asian/Pacific Islander Hispanic/Latino American Indian/Alaska Native White/Caucasian Other (Please Specify)

ID #

--

OTHER AWARDS

Please list below the names and amounts of any grants or scholarships that were awarded to you for the coming school year:

Name of Award	Amount	Granted	Pending

PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Activity	No. of Years Partic.	Special Awards, Honors, Offices Held

Make a statement of your future goals as they relate to your educational and career objectives:

Please describe how and when any unusual family or personal circumstances have affected your achievements in school, work, &/or your participation in school and community activities:

APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a postsecondary 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 quality of the applicant's commitment to school and community 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

Comments (Do not name student) _____

Appraiser's Signature

Date

Title

()
Telephone Number

Appraiser's Business Address (Street)

(City)

(State)

(Zip)

TRANSCRIPT INFORMATION

High school seniors must include a high school transcript of grades and have the following section completed by the appropriate school official.

Applicant ranks _____ in a class of _____ Cumulative grade point average _____ (100%scale)

SAT Critical Reading _____ Math _____ Writing _____ ACT Composite _____

School Official's Signature

Date

Title

(717) 845-6634
Telephone Number

1800 Bannister Street

York

PA

17404

School Address (Street)

(City)

(State)

(Zip)

APPLICATION CHECKLIST

This application for student aid becomes complete when you have returned the following materials:

- Application
- All required signatures
- Current Transcript of Grades
- Letter of Acceptance for school of choice

Return Application To: **GUIDANCE OFFICE BY MARCH 20, 2021**