

CAROL L. BITTINGER SCHOLARSHIP APPLICATION FORM

One scholarship is available to a graduating senior that is residing in York County at the time of their high school graduation pursuing enrollment in the study of medicine, nursing, physical therapy, occupational therapy, respiratory therapy, or any other health-related course of study. Amount may vary.

To apply for this scholarship: Submit the following: 1) this application 2) high school transcript and 3) two letters of recommendation to the York Community Foundation, 603 N Lincoln Ave, York, NE 68467 or by email to ycf@yorkchamber.org. For any questions or technical concerns, please contact Kristine Richert, York Community Foundation Executive Director, by email at ycf@yorkchamber.org or by phone, 402-362-5531. **Deadline for application is February 28.**

PERSONAL DATA:

Name: _____ Birth date: _____

Student Personal Email: _____ Student Cell Phone Number: _____

Address: _____ City: _____ County: _____

Parent/Guardians Name: _____

Brothers/Sisters (List age and grade level)

Father's Occupation: _____

Mother's Occupation: _____

SCHOOL DATA (please submit a high school transcript):

Numeric Grade Point Average: _____ ACT/SAT Score: _____

Class Rank: _____ Total students in your class: _____

School you will attend: _____ Degree: _____

Have you been accepted? _____ Major/vocation: _____

FINANCIAL NEEDS INFORMATION:

How much will it cost you to attend school?

How much of this cost will you contribute?

How much of this cost will your parents contribute?

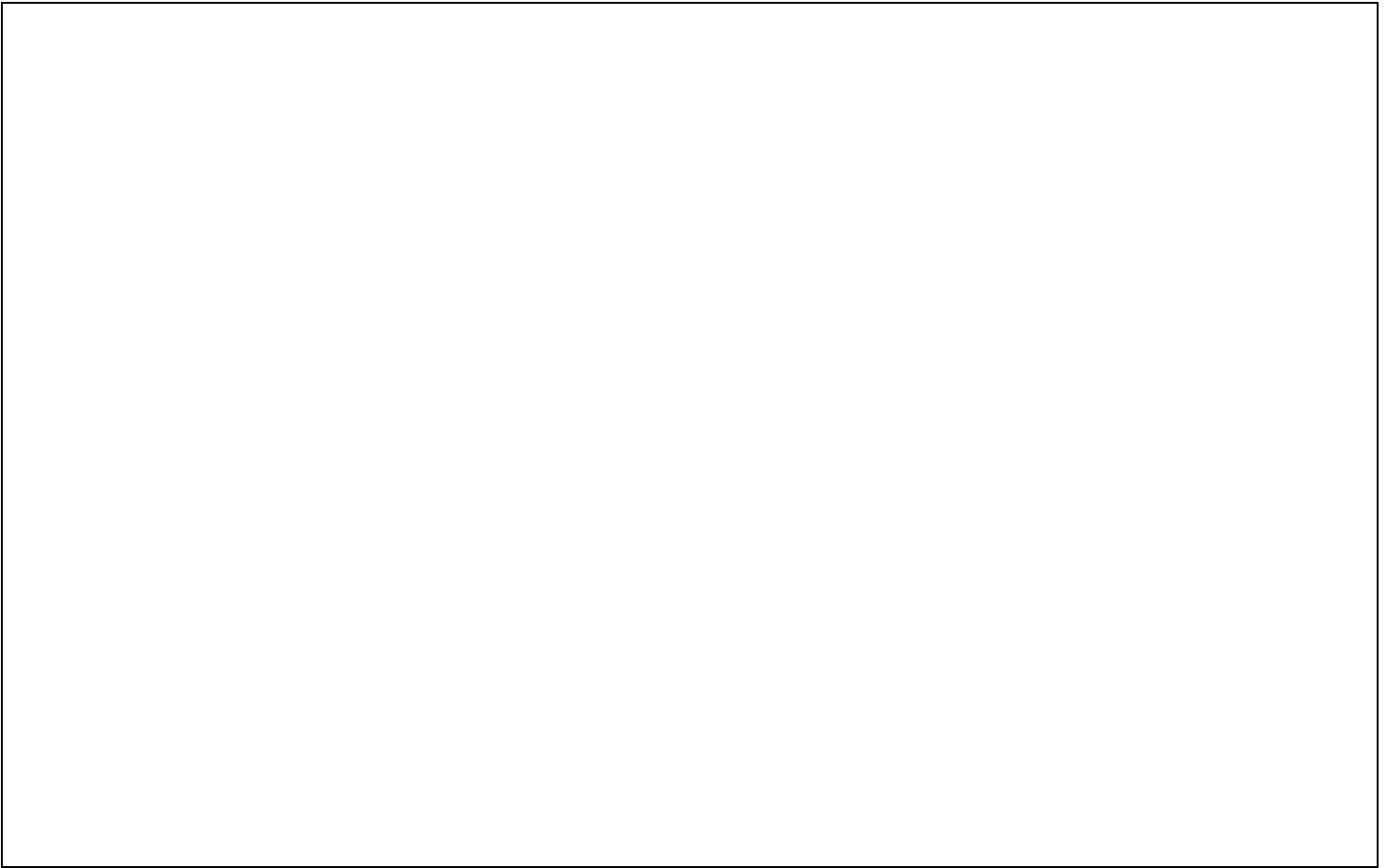
STUDENT QUESTIONNAIRE:

In order that the scholarship selection committee might become more familiar with your qualifications, please complete the following questions in the space provided.

What course of study or training will you pursue at your chosen institution and why have you chosen this field?

Briefly describe the personal and career goals that you have set for yourself.

What experience have you had that helped you decide to choose this type of training?



Briefly describe the school and community activities that you have been involved in.



REFERENCES:

Below, list two references who will be supplying letters of recommendation in support of your scholarship application. One school-related reference and one reference outside of school.

Name: _____ Phone or email: _____

Name: _____ Phone or email: _____

LETTER OF RECOMMENDATION:

Please provide a copy of this page for each letter of recommendation to be submitted on your behalf.

All scholarship application materials must be completed and returned to the scholarship committee no later than February 28.

Applicant's Name: _____ **Date:** _____

The applicant named above has asked you to write a letter of recommendation for the Carol L Bittinger Scholarship. **We require that your letters be typed or word-processed rather than hand-written.**

Name: _____

Your Position: _____

How do you know the applicant?

How long have you known the applicant?

Please attach a **dated and signed** copy of your letter of recommendation.

Please mail or email the letter of reference/recommendation directly to the scholarship committee. All information that you provide will remain confidential.

MAIL TO:

**Scholarship Committee
York Community Foundation
603 N. Lincoln Avenue
York, NE 68467**

EMAIL:

ycf@yorkchamber.org

FAX:

402-362-5953

Thank you for your assistance.