



DATE RECEIVED _____
APPLICATION # _____

2024 YORK HIGH SCHOOL ATHLETIC BOOSTER CLUB SENIOR ATHLETIC & ACADEMIC SCHOLARSHIP APPLICATION

This spring the York High School Athletic Booster Club will award two (2) \$1,000 scholarships, one to a male athlete and one to a female athlete. The scholarships have been designed for students who demonstrate exceptional sportsmanship and leadership both on and off the playing field: a good work ethic, support of their team, and contribution to the sports program for the good of all, while sustaining a strong level of academic achievement.

An athlete is defined as any individual in any organized activity recognized at the York High School Athletic Booster Club sports award nights.

Winners DO NOT need to pursue sports at the college level.

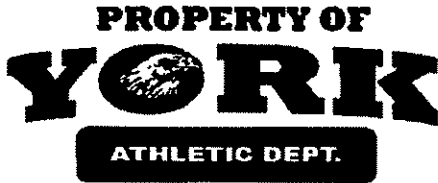
The scholarship committee for 2023-2024 will be comprised of a selected group of individuals appointed by the Executive Committee.

REQUIREMENTS AND DUE DATE

NOTE: ALL APPLICANTS MUST MEET THE QUALIFICATIONS OUTLINED BELOW AND TURNED IN NO LATER THAN 3:00 PM. ON ~~FRIDAY, MAY 10, 2024~~ TO THE YHS GUIDANCE OFFICE.
May 17, 2024

- Must be a senior at York High School
- Must Varsity letter in at least one sport during his or her senior year.
- Must attain minimum GPA of 3.0 at the conclusion of the first semester.
- Must be a member or member of applicant's household of the YHS Athletic Booster Club **by May 9th** of the applicant's senior year.
- Must have applied to or been accepted to an institute of higher learning
- Applicant **cannot** have been awarded a **full scholarship** from any other source or combined sources. An award of full scholarship shall be defined as anyone receiving full reimbursement for tuition expenses for the institute of higher learning they have chosen to attend.
- Must be in compliance with the following stipulations:

The YHS Booster Club supports the Athletic Code of Conduct and the Student Conduct Code as established by the York County School Division. As such, the boosters believe that the student athletes are very influential both in the community and among the student



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body. Student athletes should be positive role models and they have the responsibility for showing positive leadership to those with whom they come in contact.

It is expected that all student athletes shall take the responsibility seriously and refrain from the use of drugs, alcohol, and tobacco and shall refrain from participation in inappropriate and illegal behavior both in and out of school. Further, it is expected that student athletes shall conduct themselves at all times in a manner that reflects favorably not only on themselves and their family, but on our school district and the community as well.

A student athlete shall automatically and without exception be considered ineligible for a scholarship from the YHS Athletic Booster Club if they have been found, at any time, to be in violation of the standards established by the Athletic Code of Conduct, or if disciplinary action has been taken involving inappropriate behavior. This includes, but not limited, to the use of alcohol, tobacco and /or drugs.

PAYMENT OF SCHOLARSHIP

The York High School Athletic Booster Club scholarship is paid directly to the institution of higher learning and is the winner's responsibility to notify the treasurer of the Athletic Boosters when tuition fees are due. If the scholarship winner is not attending the institution of higher learning at that time, the scholarship is considered withdrawn and defaults back to the York High School Athletic Booster Club balance.

POINT OF CONTACT

For any questions or concerns please contact:
York High Athletic Booster Club President
Sarah Browning sbrowning3@icloud.com



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(PLEASE PRINT CLEARLY)

1. APPLICANT INFORMATION:

Last Name: _____

First Name: _____

Address: _____

STREET

CITY

STATE

ZIP

Birthday: _____ / _____ / _____ M F (circle one)
MONTH DAY YEAR

Cell Phone: () _____ - _____ Home Phone: () _____ - _____

2. PARENT/GUARDIAN INFORMATION & TRANSCRIPT RELEASE:

Parent/Guardian Name: _____

Contact Phone Number: () _____ - _____

Parent/Guardian Name: _____

Contact Phone Number: () _____ - _____

I hereby authorize the transfer of this applicant's transcript to the Scholarship Committee of the YHS Booster Club. I further authorize the review of this application and transcript for this scholarship award. Furthermore, I acknowledge that the information provided herein is true and correct.

APPLICANT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE OF APPLICATION: _____



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3. BOOSTER CLUB MEMBERSHIP:

Are you or a member of your household an Athletic Booster Club Member? Y N

4. ACADEMIC PERFORMANCE:

GPA: _____

Rank in class: _____ of _____

5. COLLEGE/UNIVERSITY INFORMATION:

School you plan to attend:

Have you been accepted? YES NO

If no, please explain:

Major field of study: _____

This is a 2yr 4yr program (circle one)

FOR ATHLETIC BOOSTER CLUB USE ONLY

Date Received: _____ All info included? Yes No

Reviewed by: _____



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IMPORTANT – DO NOT USE YOUR NAME IN THE BELOW RESONSES. THIS WILL ALLOW THE SCHOLARSHIP COMMITTEE TO EVULATUE EACH APPLICATION IN AN UNBIASED MANNER.

6. STUDENT ACTIVITIES:

Please list all athletic activities in which you have participated during high school, JV if applicable, specify leadership roles and specific achievements (e.g. Varsity letter, Team Captain, District Honors, special recognitions, etc.)

8th & FRESHMAN:

SOPHOMORE:

JUNIOR:

SENIOR:
