



YORK TRADITIONS BANK WOMEN'S LEADERSHIP SCHOLARSHIP APPLICATION

NOTE TO APPLICANTS

For full program information, eligibility requirements, and deadlines, please refer to the scholarship program information on the York Traditions Bank Web site. Please be sure to fill out this application form completely and submit it by the deadline, along with:

- An academic transcript current through the end of your junior year in high school
- A letter of recommendation from the adult supervisor of a club, organization, or other activity in which you have held a leadership position

Employees of York Traditions Bank and their immediate family members are not eligible.

Applications received late, incomplete, or without the required accompanying materials may be disqualified from consideration. Applications must be postmarked by the deadline. Mail this form, your transcript, and original recommendation letter, signed by hand and in ink by the recommender, to:

York Traditions Bank
Attn: Women's Leadership Traditions Scholarship
235 St. Charles Way, Suite 150
York, PA 17402

APPLICANT INFORMATION

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

County _____ Home Phone () _____

Parent or Guardian Name
(if applicant is under age 18) _____

Address (if different from above) _____

Home Phone _____ Work Phone _____
(if different from above)

ACADEMIC INFORMATION

High School Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Current Grade/Year in School _____

Expected Graduation Date (month, year) _____

Cumulative Grade Point Average as of End of Junior Year

_____ / 4.0 Scale or _____ / _____ Scale (must be at least 3.0 on a 4.0 scale or equivalent).

LEADERSHIP EXPERIENCE

Please provide information below about at least one school-sponsored or organized community activity in which you have held a leadership position (team captain, club president, etc.). Be sure to include the name and telephone number of the adult supervisor for each activity. One of these supervisors must be the author of the letter of recommendation required with this application.

School / Organization Name	Activity	Position/Role	Dates Served (Start – End)	Adult Supervisor Name/Phone
			-	
			-	
			-	

COMMUNITY SERVICE

Please describe the activities and dates of at least 20 hours of community service that you have accumulated in the 12 months prior to applying for this scholarship, and at least one personal reference (including phone number) for one of these activities.

APPLICANT CERTIFICATION

I affirm that the information I have provided in this application is complete and true to the best of my knowledge. I understand that information I provide may be verified and that any false, misleading, incomplete, or omitted information may disqualify me from consideration. I affirm further that I am not an employee of York Traditions Bank or a member of the immediate family of a York Traditions Bank employee.

Parent/Guardian Signature _____ Date _____
(required for applicants under age 18)

Applicant Signature _____ Date _____