

APPLICATION FOR SBYSA SCHOLARSHIP

CUMULATIVE GPA: _____

LIST ANY ADVANCED PLACEMENT AND HONORS COURSES TAKEN _____

ON A SEPARATE PIECE OF PAPER, HIGHLIGHT ANY ADDITIONAL INFORMATION ABOUT YOURSELF. INCLUDE YOUR EXPERIENCES WITH YOUR INVOLVMENT WITH SBYSA

To the best of my knowledge, the information provided is factual and complete.

Date _____

Applicant Signature _____

Signature of Parent/Legal Guardian _____

APPLICATION DEADLINE: April 30, 2009

Mail information to: SBYSA
 Scholarship
 PO Box 47
 Bangor, PA 18013