



## THE SCBA SCHOLARSHIP FUND

*"Providers of Hope"*

Each year, the South Carroll Business Association (SCBA) awards \$1,000.00 scholarships to three graduating high school seniors who attend a school located in Carroll County, Maryland.

The SCBA Scholarship Fund was established to assist qualified students in obtaining a degree from accredited academic institutions of higher learning in the fields of business and financial endeavors. During the selection process, emphasis is also placed on the student's performance and desire to both maintain a strong academic record while exhibiting humanitarian qualities that have a positive impact on the Carroll County Community.

To be considered for this scholarship, a student must:

- be currently enrolled in a high school located in Carroll County, Maryland
- be a resident of Carroll County, Maryland
- have a grade point average (GPA) of 3.0 or above
- be continuing their education once graduating from high school
- demonstrate an interest in pursuing a career in the field of business
- demonstrate humanitarian qualities in school and community through community service above and beyond what is required

To apply for the SCBA's annual scholarship fund, please submit your application to the SCBA before April 27, 2018.

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P.O. Box 1401 – Sykesville, MD 21784 – 410-861-0506

[www.SouthCarroll.org](http://www.SouthCarroll.org)

# SCBA SCHOLARSHIP INSTRUCTIONS

Please submit this application along with the requested documentation to the SCBA by April 27, 2018 (postmark date). The SCBA Scholarship Committee will review all applications and notify each school of the winners on or before May 11, 2018.

*We wish you the best of luck!*

## SCBA SCHOLARSHIP CHECKLIST

Please be sure the following items are included with your application packet. Failure to provide the requested information by the application deadline will result in non-consideration.

- Completed Application (including live signature)
- Resume
- At least one recommendation letter
- School Transcript

## SCHOLARSHIP CERTIFICATION AND AUTHORIZATION

- I affirm that the information provided on this form is accurate and complete to the best of my knowledge.
- I affirm that I have personally completed this application.
- I understand that this application will be shared with my school's guidance department and/or the scholarship advisory committee.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# SCBA SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION:

First, MI, Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

High School: \_\_\_\_\_ Current GPA: \_\_\_\_\_

## POST-SECONDARY PLANS:

Please list the colleges, universities, and schools to which you have applied and indicate those to which you have been accepted as of today's date:

Name \_\_\_\_\_ Location \_\_\_\_\_

Accepted Pending

Name \_\_\_\_\_ Location \_\_\_\_\_

Accepted Pending

Name \_\_\_\_\_ Location \_\_\_\_\_

Accepted Pending

If a decision has already been made, which school do you plan to attend?

\_\_\_\_\_

What do you plan to study? \_\_\_\_\_

Check one:  Full-time Student  Part-time Student

If part-time, approximate number of credits per semester: \_\_\_\_\_

**SCHOOL ACTIVITIES:** (Clubs, Sports, Band, Performing Arts, etc.)

*(Note: this information may be listed on a separate sheet if preferred or necessary)*

<b><u>Activity</u></b>	<b><u>Role</u></b>	<b><u># of Years of Involvement</u></b>	<b><u>Leadership Role or Recognition</u></b>

**ACTIVITIES OUTSIDE OF SCHOOL:** (Community, Church, etc.)

*(Note: this information may be listed on a separate sheet if preferred or necessary)*

<b><u>Activity</u></b>	<b><u>Role</u></b>	<b><u># of Years of Involvement</u></b>	<b><u>Leadership Role or Recognition</u></b>

**WORK EXPERIENCE/INTERNSHIPS:** (if any)

*(Note: this information may be listed on a separate sheet if preferred or necessary)*

<b><u>Employer</u></b>	<b><u>Responsibilities</u></b>	<b><u>Date(s) of Employment</u></b>	<b><u>Hours Per Week</u></b>

**BUSINESS OR FINANCIAL-RELATED ACTIVITIES:** (if any)

Please describe your current or past involvement in business or financial-related activities and/or curriculum and why you wish to pursue these activities or field of study.

*(Note: this information may be listed on a separate sheet if preferred or necessary)*

Be sure to review the Scholarship Checklist and complete the Certification and Authorization.

Mail your completed application to:

South Carroll Business Association  
Attn.: Scholarship Review Committee  
P.O. Box 1401  
Sykesville, MD 21784