

# 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](mailto:ycf@yorkchamber.org). For any questions or technical concerns, please contact Kristine Richert, York Community Foundation Executive Director, by email at [ycf@yorkchamber.org](mailto: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)

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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](mailto:ycf@yorkchamber.org)

**Thank you for your assistance.**