2018 Berks Area School Counselor Association Scholarship



Eligibility and General Guidelines

- Participants should be high school seniors who have used education to improve during their time in school.
- Participants can be continuing post-secondary education and/or pursuing employment and use the scholarship for expenses.
- Selection will be based on strength of the application materials.
- Application includes
 - 2-sided information sheet
 - Counselor and/or teacher letter of recommendation
 - o Official high school transcript postmarked by May 1, 2018

Deadline for submission: May 1st, 2018 The amount of the scholarship: \$300.00

All application materials can be sent to:

Melissa Smith ATTN: BASCA Scholarship 40 Normal Avenue Kutztown, PA 19530

Questions can be directed to:

Mrs. Melissa Smith, School Counselor

Email: mtillsmith@kasd.org

2018 Berks Area School Counselor Association Scholarship

| Name. | |
|-----------------------------------------------------------------------------|--------------------------------------------|
| Complete Home Address: | |
| Email Address: | Phone: |
| High School: | |
| School District: | |
| Date of Graduation: | Date of Awards Program: |
| Post-secondary plans: | |
| | |
| | |
| | |
| | nn to utilize the funds? |
| | |
| Name of a person in your school caree they did to have an impact on you: | er who inspired and motivated you and what |
| | |
| | |
| | |
| | |
| | |

2018 Berks Area School Counselor Association Scholarship

| Name and address of school in which the persor | ı wno inspired you is currentiy employed: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| | |
| I understand that the application hereby submit School Counselors Association (BASCA). I grant photo, school and/or application information. I be a valid submission regardless of the age of th | permission to BASCA to publicize my name, Both signatures must be received in order to |
| Student Signature: | Date: |
| Parent/Guardian Signature: | Date: |