

# 2024 Berks Area School Counselor Association Scholarship



## **Eligibility and General Guidelines**

- Participants should be a high school senior and Berks County resident attending a Berks County school who have overcome a challenge 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 the strength of the application materials.
- Application includes
  - 2-page information sheet
  - Counselor and/or teacher letter of recommendation
  - Official high school transcript postmarked by April 5, 2024

**Deadline for submission:** April 5, 2024

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:**

Melissa Smith, School Counselor

Email: [mtillsmith@kasd.org](mailto:mtillsmith@kasd.org)

# 2024 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you receive this award, how do you plan to utilize the funds? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How have you overcome a challenge during your educational career, and what did you learn in the process of the challenge?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 2024 Berks Area School Counselor Association Scholarship

I understand that the application hereby submitted becomes the property of the Berks Area School Counselors Association (BASCA). I grant permission to BASCA to publicize my name, photo, school, and/or application information. Both signatures must be received to be a valid submission regardless of the age of the student.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_