

The York Technical College Foundation is pleased to offer the following scholarship opportunity for individuals enrolled in Workforce and Economic Development (WED) programs at York Technical College (YTC):

Chester Healthcare Foundation Scholarship – amount varies

The Chester Healthcare Foundation Scholarship, established by the Chester Healthcare Foundation, as part of the Foundation's mission to provide support for programs, projects, and/or services of prevention and education which enhances, improves, and/or promotes the health and wellness of the citizens of Chester County.

Chester Healthcare Foundation Scholarship applicants must:

- Be a Chester County Resident and provide a Driver's License or State ID card.
- Complete all the requirements of clinical sites, if required.
- Be at least 18 years of age.
- Submit a recommendation form from a Human Services professional. The Human Services recommendation form should be completed by any professional who contributes to the health, safety, and well-being of individuals, families, and or the community. The person completing the form should not be a relative of the student applying for the scholarship.
- Attend any program required orientations.
- Complete a Statement of Intent for course requirements necessary for successful completion of the class being taken.

Directions for Submitting Your Scholarship Application

Please complete the entire scholarship application form as clearly and concisely as possible. Please be certain to submit any required supplemental information as outlined above. Incomplete applications will result in students not being considered for scholarship opportunities. The York Technical College Scholarship Committee will review applications and make awards to those individuals who best meet the criteria.

Scholarship awards are based on availability of funds and all scholarships are limited to direct program costs, unless otherwise specified. Read the criteria and instructions carefully and make certain you attach all required documents prior to submission. Failure to comply with the scholarship criteria will result in the loss of the scholarship award during the award year and may result in the awardee having a balance with the College.

All York Technical College Foundation scholarship recipients must submit a letter of gratitude (minimum of 250 words) for the scholarship within ten (10) business days of scholarship notification. Please address and submit your thank you note to the attention of the **York Technical College Foundation, 452 S. Anderson Rd, Rock Hill, SC 29730**.

Applications will be evaluated on a monthly basis and **must be received by the last business day of the month**. Award notifications will be made on the fifteenth of the month or next business day.

This application is valid only for programs in Workforce and Economic Development Division at York Technical College. To apply for scholarships for the College's credit programs, visit: **yorktech.edu/scholarships**.



Workforce & Economic Development Scholarship Application

All completed applications must be sent to the York Technical College Foundation for the WED Scholarship Committee to review. Please send complete applications to: **York Technical College Foundation**

**452 S. Anderson Rd
Rock Hill, SC 29730
ATTN: WED Scholarships**

Scholarship for which you are applying: Chester Healthcare Foundation Scholarship

Please type or print clearly.

Name: _____

Address: _____

City, State, Zip: _____

Preferred Telephone: _____ Email: _____

Date of Birth: _____ Marital Status: Single Married Divorced Widowed

High School Status (select one): Diploma Graduate Still in High School Did not graduate GED Recipient

Veteran Status: Veteran Veteran Spouse Active Military transitioning out of active duty within 6 months

Optional Information: Gender: Male Female Race/Ethnicity: _____

Can you present evidence that you are a Veteran, the spouse of a Veteran, and/or active military personnel that will be transitioning out of active duty within 6 months? Yes No

WED Program in which you intend to enroll: _____

WED Program start date: _____

Amount owed to York Technical College: \$ _____

Will you receive funding from an employer, any branch of the Armed Services, or other organizations for tuition, fees, or books/supplies? Yes No

If yes, what percentage (or amount) of total tuition, fees, or books/supplies will be paid? _____

Scholarship amount requested: \$ _____

Employment: Please note any current or future employment you expect to maintain while attending York Technical College.

Awards and Recognition: Please note any special awards or recognitions you have received through academic, extracurricular, or community sources.

Short Answer – on a separate sheet of paper, please explain why you should be considered for this scholarship.

I certify that the information I have supplied is true and correct to the best of my knowledge I will abide by the conditions of the scholarship as stipulated by the donor and the York Technical College Foundation I realize that if the required documentation is not supplied, I will not be considered for this scholarship I give permission, in accordance with FERPA (Family Educational Rights and Privacy Act), to York Technical College to provide biographical and academic information to the donor during the scholarship award year. I will provide a letter of gratitude to the York Technical College Foundation within 10 days of notification of selection for the scholarship award (please submit thank you notes to the attention of York Technical College Foundation, 452 S. Anderson Rd, Rock Hill, SC 29730). IF I do not enroll or complete the course/program, the scholarship will be revoked and I am subject to charges by York Technical College.

York Technical College does not discriminate on the basis of age, sex, race, religion, veteran status, national origin, or disability in its educational programs, activities, or employment policies.

I have read and understand the eligibility requirements and commitment association with acceptance of this award.

Applicant signature: _____ Date: _____

RECOMMENDATION FORM

Applicant's Name: _____

The above named individual is applying for a scholarship with the York Technical College Foundation. In the space below, please share any details as to why this applicant should receive a scholarship award. **Please note:** this form should not be completed by a relative of the applicant.

Recommendation (please to use additional pages, if necessary):

Recommended by (Signature): _____

Printed Name: _____ Company/Title: _____

Relationship to Applicant: _____

Telephone: _____ Email: _____

Please return the completed form in a sealed envelope to the applicant for submission.