



DILLSBURG BIC CHURCH

GROWING DEEP

REACHING FAR

18 East Harrisburg Street

Dillsburg, PA 17019

(717) 432-3847

www.dillsburgbic.org

March 11, 2024

To: Department of Special Services of Northern York County School District

In looking for ways that we could provide a service to our community, the Dillsburg Brethren In Christ Church has decided to again offer a scholarship. Those eligible to apply include any special needs student who is currently entering their senior year of high school at Northern York County School District. This would include any non-traditional, learning support, life skills, or emotional support students who desire to attend post high school trade school, 2-year community college, or other training program and is unlikely to be eligible for traditional academic scholarships. This year we are widening the eligibility to include students in those programs who graduated in previous years or those who may have completed their education by obtaining a G.E.D. and are now planning to pursue higher education in some form.

This scholarship will not be influenced by religious background. Priority will be shown to those who have financial need or have overcome significant obstacles in their life such as family issues, health issues, or learning challenges. We would like the district staff to encourage students who fit this description to complete applications with information that would facilitate the choosing of such student or students. The application should be accompanied by two letters of recommendation from a teacher, counselor, employer or other source who knows the candidate well and is not a family member.

Our goal is to have all applications returned to us by May 15. If you would like the church to provide printed packets with this letter and the required forms, please let me know!

Thank you,

Kathy Bennett
Local Outreach Commission
Dillsburg Brethren In Christ Church



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DBIC Scholarship Application

Name: _____

Address: _____

Phone Number: _____

Email address: _____

What is the best way to contact you? ☐ Phone ☐ Email

Parents' Names & Addresses: _____

Tell us about your family:

What are your Goals?

How do you spend your time outside of school? (work? Hobbies? Special interests?)

Where are you planning to go to school? How long is the educational program and what is the projected cost? What kind of work will this prepare you for?

Are you open to continuing contact from the scholarship sponsor (i.e. letters/cards at school next year)?

☐ Yes ☐ No

Is there anything else you would like us to know?

Please include:

- 1) at least two letters of recommendation
- 2) the attached form also completed by the persons writing the letters of recommendation
- 3) a copy of your transcript.



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DBIC Scholarship Recommendation Form

Name of Student: _____

Name of Person completing Recommendation: _____

What is your relationship to the student: Teacher/Counselor/employer/Other (specify) _____

Please provide the following information about the student you are recommending. We ask that you be honest in your assessment. When complete, return to the student in a sealed envelope.

The applicant's choice of a post-secondary education program relates to his/her skills and interests <input type="checkbox"/> extremely well <input type="checkbox"/> very well <input type="checkbox"/> moderately well <input type="checkbox"/> not well
The applicant's demonstrates self-motivation and initiative <input type="checkbox"/> extremely well <input type="checkbox"/> very well <input type="checkbox"/> moderately well <input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor
The applicant demonstrates an ability to follow through and complete assigned tasks <input type="checkbox"/> extremely well <input type="checkbox"/> very well <input type="checkbox"/> moderately well <input type="checkbox"/> not well
Has the applicant shown improvement in his/her academic performance throughout his/her high school years? <input type="checkbox"/> Improved performance <input type="checkbox"/> Consistent performance <input type="checkbox"/> Declining performance

Please attach a short statement describing your overall impressions of the applicant, their need for financial assistance, and any other information you feel would help us in our selection of a deserving applicant. If you have seen the applicant overcome adversity in his/her life, please tell us about that.

Your Name (printed) _____ Signature _____

Telephone Number _____ Date _____

Business Address _____