



## **Christopher Sabb Memorial Scholarship Fund of York County Community Foundation**

*The Christopher Sabb Memorial Scholarship Fund of York County Community Foundation was created in memory of Christopher Sabb by Christopher's wife, Christi Sabb, and his mother, Cynthia Thomas. A scholarship from this fund will support BIPOC graduating seniors, who can demonstrate a financial need and attend Dallastown High School and a high school in Baltimore, MD.*

The Christopher Sabb Memorial Scholarship Fund of YCCF is administered by the York County Community Foundation. Scholarship recipients will be selected by a committee appointed by the Foundation.

Please submit applications to [lboyce@yccf.org](mailto:lboyce@yccf.org) by April 15.

### **Selection Criteria**

Applicants must meet the following criteria:

- A graduating senior
- BIPOC (Black, Indigenous, and people of color)
- Minimum 2.5 GPA
- A two-year varsity athlete
- A legal resident of the relevant school district for a minimum of 6 months
- Accepted and planning to attend a community college, technical school, or university as a full-time student in Fall of 2022

# CHRISTOPHER SABB MEMORIAL SCHOLARSHIP FUND OF YORK COUNTY COMMUNITY FOUNDATION

## CANDIDATE INFORMATION

Name:

Permanent Address:

E-mail Address:

Telephone:  
(       )

Race/Ethnicity

High School:

High School Class Rank:

Graduation Date:

High School GPA:

Name of accredited college, university or technical/trade school to which student is enrolled fulltime or plans to enroll. ***Please include intended field of study.***

- Attach an essay describing financial need and how this scholarship will be of benefit. Include expected college expenses (tuition, room/board, books, etc.) and any other financial assistance (scholarships, grants, etc.) already awarded
- Attach an essay explaining how family responsibilities are balanced with school and extracurricular activities
- Attach an essay explaining reason for pursuing intended field of study
- Attach a letter of recommendation from an athletic coach (non-family member)
- Attach verification of acceptance or enrollment in institution (letter of acceptance)
- Attach copy of drivers' license

I certify that the information provided on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Applications must be postmarked on or before April 15. Please submit applications to:**

Layla Boyce at [lboyce@yccf.org](mailto:lboyce@yccf.org) or  
York County Community Foundation  
14 W. Market Street  
York, PA 17401

- A. List extracurricular activities and hobbies (e.g., memberships in organizations, sports, employment etc.) *You may use additional pages if necessary*

**\*\*Briefly describe your responsibilities in a separate essay**

Organization Involved	Position Held	How long were you involved?

- B. List volunteer community service activities in which you have been involved. *You may use additional pages if necessary*

**\*\* Briefly describe your responsibilities in a separate essay**

Organization	Activity	Date of Event and Hours Served

- C. List honors or awards you have received (sports, academics, leadership etc.) *You may use additional pages if necessary*

Award/Honor	Institution/Organization Was it a competitive award?	Date of Award