



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 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

CHRISTOPHER SABB MEMORIAL SCHOLARSHIP FUND OF YORK COUNTY COMMUNITY FOUNDATION

CANDIDATE INFORMATION

Name:

Permanent Address:

E-mail Address:

Telephone:
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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 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