

York County Center for Retail Excellence Scholarship Program Application

Applicant

Contact person/Course Attendee: _____

Business Name: _____

Business address: _____

City: _____ State: _____ Zip: _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website address: _____

Current Licensed York County Business? _____ Current York County Resident? _____

Course Information

Course Dates: _____ Course Location: _____

Course Costs: \$ _____

Scholarship Funds Requested: \$ _____
(50% of total estimated costs up to \$500)

I agree to pay the entire course costs in full and to submit a paid receipt and certificate of completion to the York County Office of Economic Development in order to receive the approved scholarship reimbursement. I certify that, at the time of this application, I was a resident and/or owner of a licensed business in York County, Virginia.

Signature _____ Date _____

