



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.

Your business must have a current York County Business License at the time of grant application and this license must remain paid and active until one year after the date grant funds are received; or you must currently live in York County and provide proof of residence. If you close and/or relocate your business out of York County or change your main residence address within one year of receiving grant funds, you must repay 50% of the total grant awarded.

Signature _____ Date _____



CENTER FOR
RETAIL EXCELLENCE
CERTIFICATE IN RETAIL OPERATIONS

