

Chain O'Lakes Area Chamber of Commerce Scholarship Application 2022

This entire application must be legible and fully completed. An electronic version of this application is also available online at <https://chainolakeschamber.com/>

Applicants: Every question on the application must be answered, if you think a question does not apply to you, mark "N/A" in the space.

IF THIS APPLICATION CONTAINS ANY BLANK SPACES, OTHER THAN ANY SECTION MARKED "OPTIONAL," IT WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE ACCEPTED. APPLICATIONS MUST BE RECEIVED IN THE FLRSG CHAMBER OFFICE NO LATER THAN April 15, 2022.

We recommend that applicants make a full copy of the completed application and all supporting documents before submitting the application package to Chain O'Lakes Area Chamber of Commerce Scholarship Program Committee. The Chamber cannot be responsible for incomplete application packages.

SECTION 1 – Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Nickname: _____

Permanent Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone#: _____ Email Address: _____

Date of Birth: _____

_____ Yes, I reside within the boundaries of school district #124

_____ Yes, I reside within the boundaries of school district #157

Picture:

_____ Yes. If I become a scholarship recipient, I agree to provide a picture and to have my picture and information released to promote Chain O'Lakes Area Chamber of Commerce. Scholarship Program and consent to it being used.

SECTION 2 – School Information

2 A. CURRENT SCHOOL INFORMATION

I am currently a High School student (Y/N): _____ I will graduate on: _____

School Name: _____

Name: _____

Current School's Address: _____

City: _____ State: _____ Zip: _____

Cumulative GPA: _____ (out of 4.0 _____ or _____) please indicate if GPA is not based on a 4.0 scale.

2 B. SCHOOL AT WHICH SCHOLARSHIP WILL BE UTILIZED – GENERAL INFORMATION

I am accepted: _____ I applied, but have not yet been accepted: _____

Future College/University: _____

Address of Financial Aid Office: _____

City: _____ State: _____ Zip: _____

I will be pursuing a career in: _____

Financial Aid Counselor's Name: _____ Counselor's Phone Number: _____

My tuition for the year, not one semester is: Greater than \$10,000: _____ Less than \$10,000: _____

2 C. SCHOOL AT WHICH SCHOLARSHIP WILL BE UTILIZED – ACADEMIC INFORMATION

My goal: Associate degree: _____ bachelor's degree: _____ Other: _____

Expected Graduation (month/year): _____ Credit Hours: _____ Full-time: _____ Part-time: _____

SECTION 3 - Transcripts

Applicants are required to provide transcripts for the most recent two (2) semesters. Transcripts should be official, or unofficial with a school seal. Please provide the following information regarding the schools for which you will be submitting transcripts (feel free to use additional paper as necessary) and be sure to submit the transcripts with your application.

I am providing:

Two semesters of high school transcripts: _____

Transcripts from more than 1 high school: _____

Other: _____

Name: _____

SECTION 4 – Activities, Honors & Achievements

Please use this section to indicate activities, honors and special achievements, and feel free to use additional paper as necessary. A resume may NOT be submitted instead of providing the information below.

4 A. EXTRACURRICULAR ACTIVITIES (e.g., clubs, sports)

1. _____
2. _____
3. _____
4. _____

4 B. VOLUNTEER ACTIVITIES (at school, work, or other)

1. _____
2. _____
3. _____
4. _____

4 C. AWARDS/SPECIAL RECOGNITION RECEIVED (e.g., Honor Society, Dean’s List, Employee of the Month)

1. _____
2. _____
3. _____
4. _____

4 D. LEADERSHIP/OFFICER POSITIONS (e.g., captain of team, class or club president)

1. _____
2. _____
3. _____
4. _____

Name: _____

SECTION 5 – Volunteer/Work Experience

Please list any volunteer/work experience (starting with most recent). Feel free to use additional paper as necessary. A resume may NOT be submitted instead of providing the information below.

I have not had any volunteer/work experience: _____

1. Company: _____ Position held: _____

City: _____ State: _____ Zip: _____

Start Date (month/year): _____ End Date: _____

This experience was: Paid: _____ Volunteer: _____ Hours worked per week: _____

Contact Person: _____

Contact's Phone Number: _____

2. Company: _____ Position held: _____

City: _____ State: _____ Zip: _____

Start Date (month/year): _____ End Date: _____

This experience was: Paid: _____ Volunteer: _____ Hours worked per week: _____

Contact Person: _____

Contact's Phone Number: _____

3. Company: _____ Position held: _____

City: _____ State: _____ Zip: _____

Start Date (month/year): _____ End Date: _____

This experience was: Paid: _____ Volunteer: _____ Hours worked per week: _____

Contact Person: _____

Contact's Phone Number: _____

Name: _____

SECTION 6 - Recommendations

Applicants are required to provide two personal/business recommendations. Please have the individuals submitting referrals on your behalf complete the following information.

REFERRAL #1

How do you know the applicant? _____ For how long? _____
Above Average Below Unknown
Average Average

	Above Average	Average	Below Average	Unknown
Interpersonal communication skills	___	___	___	___
Ability to work with others	___	___	___	___
Demonstrates initiative	___	___	___	___
Performance under stress	___	___	___	___
Self-confidence	___	___	___	___
Responsibility and reliability	___	___	___	___
Ability to accept constructive feedback and learn from it	___	___	___	___
Attendance and timeliness	___	___	___	___
Potential for growth	___	___	___	___

Please submit any additional information you would like to share about the student on separate page.

Signature of Recommender _____ Date _____
Name of Recommender _____ Phone Number _____
Organization _____ Title _____
Street Address _____ City, State, Zip _____

REFERRAL #2

How do you know the applicant? _____ For how long? _____
Above Average Below Unknown
Average Average

	Above Average	Average	Below Average	Unknown
Interpersonal communication skills	___	___	___	___
Ability to work with others	___	___	___	___
Demonstrates initiative	___	___	___	___
Performance under stress	___	___	___	___
Self-confidence	___	___	___	___
Responsibility and reliability	___	___	___	___
Ability to accept constructive feedback and learn from it	___	___	___	___
Attendance and timeliness	___	___	___	___
Potential for growth	___	___	___	___

Please submit any additional information you would like to share about the student on separate page.

Signature of Recommender _____ Date _____
Name of Recommender _____ Phone Number _____
Organization _____ Title _____
Street Address _____ City, State, Zip _____

Name: _____

SECTION 7 - Essay

With your application, please include your response to the following essay question. **Essay must be on a separate piece of paper and must have your name and the essay question typed/printed at the top of the page.**

In one hundred words or less, please let us know; (1) why you feel you should receive this scholarship, (2) demonstrate your financial need, and (3) how a scholarship from Chain O’Lakes Area Chamber will affect your ability to further pursue your educational goals.

SECTION 8 – Conclusion & Required Signatures

8 A. I HAVE INCLUDED THE FOLLOWING

- | | |
|---|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Photocopied documentation of honors and achievements |
| <input type="checkbox"/> Photo (optional) | <input type="checkbox"/> Two (2) signed recommendations |
| <input type="checkbox"/> Two semesters of transcripts | <input type="checkbox"/> Essay (per section 7) |

8 B. PLEASE READ THE FOLLOWING PRIOR TO SIGNING BELOW:

To the best of my knowledge, I have provided Chain O’Lakes Area Chamber of Commerce accurate information concerning all questions on this application. I hereby agree to report to Chain O’Lakes Area Chamber of Commerce any changes which could affect consideration of my application. I understand that all decisions of Chain O’Lakes Area Chamber of Commerce Scholarship Committee are final.

I understand that if I am awarded a scholarship, certain requirements (including, but not limited to the following) must be met before any award monies can be disbursed. (1) I must accept the award. (2) I must provide proof of enrollment (full or part-time with a 6-credit hour minimum) in an accredited or vocational program for the academic year. I understand that awards will be payable and mailed directly to my college/university or vocational school in one lump sum of \$500.00. **In order for us to process your scholarship, we must receive information on your school’s letterhead showing your grades, enrollment in the school, or an invoice. You need to submit this information to the above address. Once received, we will submit payment to your school within thirty (30) days.**

Any withdrawal from college/university or vocational school shall cause no funds to be disbursed. You will have until November 1, 2022, to use/apply this scholarship towards college classes. Any funds remaining after this date shall no longer be available to you.

_____	_____	_____
Applicants Signature	Print Name	Date

_____	_____	_____
Parent/Guardian Signature	Print Name	Date