

Chain O'Lakes Area Chamber of Commerce Scholarship Application 2023

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 TURNED IN TO YOUR GUIDANCE OFFICE BY MARCH 20, 2023.

We recommend that applicants make a full copy of the completed application and all supporting documents before submitting the application package to the 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: _____

Permanent Address: _____

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

Phone: _____ Email Address: _____

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

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

_____ **Yes, I reside within the boundaries of school district #118**

Picture:

_____ **Yes. If I become a scholarship recipient, I agree to provide a picture and to have my picture and information released to promote the 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 or Homeschool: _____

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: _____

I will be pursuing a career in: _____

My tuition for the year, not one semester is: \$ _____

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

My goal: Associate: _____ Bachelor: _____ Master: _____

Full-time: _____ Part-time: _____

SECTION 3 – 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.

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

1. _____

2. _____

3. _____

3 B. VOLUNTEER ACTIVITIES (e.g., at school, work, or other)

1. _____

2. _____

3. _____

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

1. _____
2. _____
3. _____

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

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

3 E. WORK EXPERIENCE (e.g., paid positions)

1. _____
2. _____
3. _____

SECTION 4 – Essay

With your application, please include your response to the following essay question. **The essay must be on a separate piece of paper and 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) how a scholarship from the Chain O’Lakes Area Chamber will affect your ability to further pursue your educational goals, and (2) how you plan to give back to your community upon graduation.

SECTION 5 – 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

Please rate the applicant:	Above Average	Average	Below Average	Unknown
Interpersonal communication skills	___	___	___	___
Ability to work with others	___	___	___	___
Demonstrates initiative	___	___	___	___
Problem Solving Skills	___	___	___	___
Responsibility and reliability	___	___	___	___
Ability to accept constructive feedback and learn from it	___	___	___	___

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 _____

Additional information or comments can be added here.

SECTION 5 – Recommendations

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

REFERRAL #2

How do you know the applicant? _____ For how long? _____

	Above Average	Average	Below Average	Unknown
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Please rate the applicant:

Interpersonal communication skills	___	___	___	___
Ability to work with others	___	___	___	___
Demonstrates initiative	___	___	___	___
Problem Solving Skills	___	___	___	___
Responsibility and reliability	___	___	___	___
Ability to accept constructive feedback and learn from it	___	___	___	___

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 _____

Additional information or comments can be added here.

SECTION 6 – Conclusion & Required Signatures

6 A. I HAVE INCLUDED THE FOLLOWING

- ___ Application
- ___ Essay (per Section 4, typed or handwritten)
- ___ Two (2) signed recommendations semesters of transcripts

6 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. **In order for us to process your scholarship, we must receive information on your school's letterhead showing your grades. You need to submit this information to the above address. Once received, we will submit payment within thirty (30) days.**

Any withdrawal from college/university or vocational school shall cause no funds to be disbursed. You will have until June 1, 2024 to use/apply this scholarship toward college classes. Any funds remaining after this date shall no longer be available to you.

_____ Applicants Signature	_____ Print Name	_____ Date
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_____ Parent/Guardian Signature	_____ Print Name	_____ Date
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