

**Chain O'Lakes Area Chamber of Commerce  
Vocational / Certificate Program / College  
Scholarship Application 2025**

**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 21, 2025.**

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/ Certificate Program:  
\_\_\_\_\_

I will be pursuing a career in: \_\_\_\_\_

My tuition for the year or program is: \$ \_\_\_\_\_

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

My goal: Associate: \_\_\_\_\_ Certificate: \_\_\_\_\_ 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? \_\_\_\_\_

| <b>Please rate the applicant:</b>                            | Above<br>Average | Average | Below<br>Average | Unknown |
|--|------------------|---------|------------------|---------|
| Interpersonal communication skills                           | ___              | ___     | ___              | ___     |
| Ability to work with others                                  | ___              | ___     | ___              | ___     |
| Demonstrates initiative                                      | ___              | ___     | ___              | ___     |
| Problem Solving Skills                                       | ___              | ___     | ___              | ___     |
| Responsibility and reliability                               | ___              | ___     | ___              | ___     |
| Ability to accept constructive feedback<br>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? \_\_\_\_\_

| <b>Please rate the applicant:</b>                            | Above<br>Average | Average | Below<br>Average | Unknown |
|--|------------------|---------|------------------|---------|
| Interpersonal communication skills                           | ___              | ___     | ___              | ___     |
| Ability to work with others                                  | ___              | ___     | ___              | ___     |
| Demonstrates initiative                                      | ___              | ___     | ___              | ___     |
| Problem Solving Skills                                       | ___              | ___     | ___              | ___     |
| Responsibility and reliability                               | ___              | ___     | ___              | ___     |
| Ability to accept constructive feedback<br>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
- Photo release

**6 B. PLEASE READ THE FOLLOWING BEFORE 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 that could affect the consideration of my application. I understand that all decisions of the 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 in one of the following programs:

- Full or part-time with a 6-credit hour minimum in an accredited college or
- Vocational / Certificate program for the academic year. (Trades, Culinary, Beautician, etc.)

**For us to process your scholarship, we must receive information from your school showing your grades AFTER you completed one of the following:**

- **the first-semester coursework (must be a C grade average) or**
- **course completion with a Pass grade for the certificate program of which the scholarship award is to be applied.**

**You need to submit this information to the Chain O’Lakes Chamber, 10910 N. Main St., Richmond IL 60071. Once received, we will submit payment within thirty (30) days.**

Any withdrawal or failure of multiple courses or certificate program from college/university or vocational school, shall cause no funds to be disbursed. You will have until June 1, 2026 to use/apply this scholarship toward college classes. Any funds remaining after this date shall no longer be available to you.

|                     |            |      |
|---------------------|------------|------|
| Applicant Signature | Print Name | Date |
|---------------------|------------|------|

|                           |            |      |
|---------------------------|------------|------|
| Parent/Guardian Signature | Print Name | Date |
|---------------------------|------------|------|