

# Chain O'Lakes Area Chamber of Commerce

## 2026 Vocational / Certificate Program / College Scholarship Application

### SUBMISSION DETAILS:

- Deadline: March 21, 2026
- Submit to: Your school's guidance office
- **Incomplete applications will not be accepted.**
- Keep a copy of your completed application and materials for your records.

### Section 1 – Personal Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check any that apply – Residency must be within one of the following districts:

☐ District 124 ☐ District 157 ☐ District 118

### Section 2 – School Information

Current School/Homeschool: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_ (on a 4.0 scale unless noted)

Future Education Information:

Accepted? ☐ Yes ☐ Applied, awaiting response

College/University/Program: \_\_\_\_\_

Degree/Certificate Goal: ☐ Associate ☐ Certificate ☐ Bachelor

Enrollment: ☐ Full-time ☐ Part-time

Anticipated Tuition for First Year/Program: \$ \_\_\_\_\_

Intended Field of Study: \_\_\_\_\_

### Section 3 – Activities, Honors & Achievements

List up to three examples for each category. Use additional paper if needed.

Extracurricular Activities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Volunteer Activities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Awards & Special Recognition:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Leadership/Officer Positions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Work Experience:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Section 4 – Essay

In one page or less, please explain:

1. How receiving this scholarship will help you pursue your educational goals.
2. How you plan to give back to your community after graduation.

Submit your essay on a separate **typed** page. Include your **full name and school** at the top.

### Section 5 – Recommendations

Two recommendations are **required**. Please have your recommenders complete the following section or attach a letter.

## Recommendation #1

How do you know the applicant? \_\_\_\_\_ For how long? \_\_\_\_\_

Please rate the applicant below (check one per row):

Criteria	Excellent	Above Avg	Average	Below Avg	Unknown
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive to Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

NOTES:

## Recommendation #2

How do you know the applicant? \_\_\_\_\_ For how long? \_\_\_\_\_

Please rate the applicant below (check one per row):

Criteria	Excellent	Above Avg	Average	Below Avg	Unknown
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive to Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

NOTES:

## Section 6 – Conclusion & Required Signatures

Checklist:

- ☐ Completed Application (ALL 6 sections)
- ☐ Essay (typed or clearly written)
- ☐ Two Signed Recommendations Attached
- ☐ Most Recent Report Card (to verify grades)
- ☐ Photo Release Consent signed below

Applicant Agreement:

I certify that the information provided is accurate to the best of my knowledge.

I understand that:

- All decisions by the Scholarship Committee are final.
- Proof of enrollment (minimum six credit hours) is required before funds are disbursed.
- A minimum 'C' average or 'Pass' grade must be maintained.
- Scholarship funds must be used by June 1, 2027.
- By signing below, I am giving consent for photos to be included in any Chain of Lakes Chamber social media or website publication upon my award and redemption of award.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_