

**Marthasville Area Chamber of Commerce**

**Scholarship Application**

*Please print or type – application must be legible.*

**General Information**

Applicant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (h) or (c)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

* Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (h) or (c)
* Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (h) or (c)

Has either parent/guardian been employed by a Marthasville Area Chamber of Commerce member for at least 2 years? YES \_\_\_\_ NO \_\_\_\_

If YES, Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please include a notarized letter from employer verifying employment and providing contact information.

Please provide letters of recommendation from no more than three people who know you well, can speak to your character, and that we may contact. These should not be family members but can be from your school, community, work, etc.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 2

What College do you plan to attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received an acceptance from that college? Yes \_\_\_ Not yet \_\_\_ Date Expected \_\_\_\_\_\_\_\_

Date you expect to enter college: Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the budget form below, please list your estimated expenses and the resources for meeting those costs for the upcoming school year.

|  |  |  |  |
| --- | --- | --- | --- |
| **EXPENSES** | | **RESOURCES** | |
| Tuition and fees | $ | Parent(s) contributions | $ |
| Room and board | $ | Other family member(s) contributions | $ |
| Books and supplies | $ | Student earnings and/or savings | $ |
| Incidentals and miscellaneous (transportation, clothes, laundry, recreation, etc.) | $ | Loans | $ |
| Other (describe): | $ | Other scholarships, financial awards, and/or financial aid (total). Describe each one in the next table below. | $ |
| **TOTAL EXPENSES** | $ | **TOTAL RESOURCES** | $ |

Please list all other scholarships, financial awards, and/or financial aid (including College Work Study Program) for which you have applied or have received for the coming school year(s).

|  |  |  |
| --- | --- | --- |
| **Name/Description** | **Value (annually)** | **Have you received it?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please briefly describe what you have done in planning ahead to help meet your college expenses.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 3

The Scholarship Committee evaluates applications based on the well-roundedness of each applicant with emphasis placed on civic leadership and involvement in activities that better our community. Please briefly answer the following questions. If you need an additional sheet of paper, feel free to use one.

1. Describe your involvement in activities– school (e.g., student government, extracurricular, sports, etc.) and community (e.g., volunteering, church, other civic groups, etc.). List organizations of which you are a member and any offices that you have held.
2. Describe how you have contributed to the betterment of the community you are involved in. Is there something you are most proud of that made a positive difference to that community?
3. What do you feel are the two most important issues facing the community you live in? What actions do you recommend be taken to address those issues and make your community better for all?
4. What can we do as a Chamber of Commerce to encourage young people like yourself to get more involved in civic activities? What specific suggestions do you have to better educate young people about the importance of getting involved in the communities they live in?
5. What will your college major be? What do you hope to do after graduating college?

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 4

The applicant herewith consents that the Marthasville Area Chamber of Commerce Scholarship Committee be fully informed as to the applicants’ scholastic standing, character and other factors having a bearing on this application.

Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This Section to Be Completed by Your School Principal or Guidance Counselor*

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is ranked\_\_\_\_\_\_\_\_ in his/her

class of \_\_\_\_\_\_ seniors slated for graduation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Month/Day/Year)

His/her highest ACT/SAT Score is \_\_\_\_\_\_\_\_\_\_ Date Tested\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The Scholarship Committee would appreciate a brief statement concerning your evaluation of this applicant’s citizenship and worthiness for this scholarship consideration. You may attach your statement if more space is needed. Thank you for your help.

Principal/Counselor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Student Instructions:** Submit your completed application and all required documentation in one package to: The Marthasville Area Chamber of Commerce Scholarship Committee, P.O. Box 95, Marthasville, MO 63357.

**NOTE:** This application **MUST be postmarked by 4:00p.m. April 1st**. Late or incomplete applications will be automatically disqualified.

**The Marthasville Area Chamber of Commerce Scholarship Program**

Eligibility Rules and Application Instructions

The Marthasville Area Chamber of Commerce will continue the annual scholarship program awarding an area high school senior meeting the eligibility requirements below. The Marthasville Area Chamber Scholarship Committee will review all applications and will select one qualified recipient.

**To be eligible for a scholarship award, candidates:**

1. Must live within the Warren County **(OR)** be the son or daughter of an employee of a Marthasville Area Chamber of Commerce member employed at least two (2) years.
2. At time of application must be a high school senior in good standing.
3. Must pledge to use any scholarship money awarded toward undergraduate college studies. Scholarships may be used by the recipient to pay tuition, room and board, books and other related costs related to their undergraduate college studies.
4. Must be considered a full-time student carrying a minimum of 12 college credit hours for the entire following school year.

**Instructions:**

* Applications for a scholarship will be made available during the months of February and March.
* **All applications MUST be postmarked by 4:00 p.m. April 1st**. Late or incomplete applications will be automatically disqualified. Use the checklist to ensure all required documentation is submitted in one package.

|  |  |
| --- | --- |
| **Verify** | **Description** |
|  | Completed Scholarship Application - verify that all blanks are filled in and all questions are answered |
|  | Notarized Employer Verification Statement (only if parent or parents is/are employed by a Marthasville Chamber of Commerce member |
|  | Letters of Recommendation (Limit 3) |
|  | Applicant Signature |
|  | Parent/Guardian Signature(s) |
|  | Completed Principal/Guidance Counselor Section, Recommendation Statement, and Signature |
|  | Official original copy (stamped and sealed in an envelope) of current high school transcript |

* Mail your package to: **Marthasville Area Chamber of Commerce Scholarship Committee, P.O. Box 95, Marthasville, MO 63357**.
* The Marthasville Area Chamber of Commerce Scholarship Committee reserves the right to investigate and verify any information or data submitted by the candidate.
* The recipient will be notified by mail by the last week of April and invited, along with their family, to the May meeting of the Marthasville Area Chamber of Commerce to receive their award. This meeting is held on the first Thursday of the month, beginning at 7:00 p.m.
* The Marthasville Area Chamber of Commerce reserves the right to make award in the form of a check made payable to the institution attended by the recipient. Scholarship award is contingent upon the student maintaining continuous full-time enrollment during the entire academic year. Therefore, a discontinued enrollment by the student could result in the scholarship award being refunded by the student to the Marthasville Area Chamber of Commerce.