## INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

## CHAMBER SCHOLARSHIP APPLICATION APPLICATION DEADLINE:

Name:	*				
Last		First		Middle	
Home Address:					
	reet	City	State	Zip	
(Area Code)	Home Phone Number		Cell Number		
Colleges to which you	have applied or	intend to a	ipply:		
				*4	
College			City, State		
College			City, State		
Academic Major:					
*2	8				
Place of Birth			Country of Citizenship		
				1 12	
Age	Date of Birth Present Grade		Grade Level		
	<u></u> {				
Marital Status			Number of Dep	endants	
*					
What is your Social Se	ecurity Number?				
		(NOT	OT REQUIRED)		
We affirm that the inf		ned in this a	application is	accurate to	o the
best of our knowledge	÷.				
Applicant's Signature (Re	equired)	P	arent/Guardian Si	gnature (Regu	 uired)

## **FAMILY INFORMATION**

Parent or guardian with whom you res	ide and their name(s):		
Name:	Relationship:		
Name:			
Number of above employed:			
Income Range (combined total)			
Below \$40,000 \$40-\$70	,000 Over \$70,000		
Are you (student) currently empl When employed? From	oyed?How many hours per week? to(dates)		
Have you (student) been previous	sly employed?How long?		
Do you (student) personally have social security, savings account, E SourceAmc			
Total number of siblings(brothers	s/sisters)No. living at home		
	enrolled in post-high school education?		
ACADEMIC RECORD			
GPA(based on 4.0) Class Rank	ACT/SAT compositeNumber in Class		
*AN OFFICIAL SCHOOL TRANSCRIPT <u>N</u>	1UST BE ATTACHED TO THIS APPLICATION.		
Academic Honors Earned, Sports Awar	ds, Other Pertinent Information About You:		

HOW WILL THE COMPLETION OF YOUR EDUCATION BENEFIT THE BUSINESS COMMUNITY?