

ST. CLOUD AREA CHAMBER OF COMMERCE SCHOLARSHIP APPLICATION

\*Note that some scholarships will have specific criteria. Please see scholarship information\*

Please indicate which scholarship you are applying for: St. Cloud Area Chamber Foundation

1. Name \_\_\_\_\_  
Last First Middle

2. Home Address \_\_\_\_\_

Telephone No. \_\_\_\_\_  
Mother's Employer Father's Employer

3. High School Attended \_\_\_\_\_  
GPA (Completer by Guidance Office)

4. What major will you be enrolling in? \_\_\_\_\_

5. What are your plans after you finish the program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Write, in a statement of 100 words or less, why you need this scholarship.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list your volunteer roles, accomplishments & activities, including work experience.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What college do you plan to attend? \_\_\_\_\_  
a. Have you applied to this college? \_\_\_\_\_  
b. Have you been accepted? \_\_\_\_\_

\*\*\*Thank you for applying. With a limited number of scholarships available and the amount of recipients that apply, you will only be contacted in the case that you are chosen to receive the scholarship.

Return application to: Your high school's guidance office. Your counselor will send them to the Chamber of Commerce.

**Applications are due to the Counseling Office no later than, March 30, 2020.**

Please make sure you take this into consideration and submit your application to your guidance office early.