

Richmond-Spring Grove Chamber of Commerce Scholarship Application 2018

This entire application must be legible and fully completed. An electronic version of this application is also available online at www.rsgchamber.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 RECEIVED IN THE RSG CHAMBER OFFICE NO LATER THAN April 30, 2018.

We recommend that applicants make a full copy of the completed application and all supporting documents before submitting the application package to the Richmond/Spring Grove 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: _____

Nickname: _____

Permanent Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone#: _____ Email Address: _____

Date of Birth: _____

Richmond/Spring Grove Resident:

_____ **Yes**, I am a permanent resident of Richmond/Spring Grove, and would be able to provide documentation upon request.

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 Richmond/Spring Grove Chamber of Commerce Scholarship Program and consent to it being used.

SECTION 2 – School Information

2A. CURRENT SCHOOL INFORMATION

I am currently a High School student (Y/N): _____ I will graduate on: _____

School Name: _____

Name: _____

Current School's Address: _____

City: _____ State: _____ Zip: _____

Cumulative GPA: _____ (out of 4.0 ____ or ____) please indicate if GPA is not based on a 4.0 scale.

2B. SCHOOL AT WHICH SCHOLARSHIP WILL BE UTILIZED – GENERAL INFORMATION

I am accepted: _____ I applied, but have not yet been accepted: _____

Future College/University: _____

Address of Financial Aid Office: _____

City: _____ State: _____ Zip: _____

I will be pursuing a career in: _____

Financial Aid Counselor's Name: _____ Counselor's Phone Number: _____

My tuition for the year, not one semester is: Greater than \$10,000: _____ Less than \$10,000: _____

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

My goal: Associate's Degree: _____ Bachelor's Degree: _____ Other: _____

Expected Graduation (month/year): _____ Credit Hours: _____ Full-time: _____ Part-time: _____

SECTION 3 - Transcripts

Applicants are required to provide transcripts for the most recent two (2) semesters. Transcripts should be official, or unofficial with a school seal. Please provide the following information regarding the schools for which you will be submitting transcripts (feel free to use additional paper as necessary) and be sure to submit the transcripts with your application.

I am providing:

Two semesters of high school transcripts: _____

Transcripts from more than 1 high school: _____

Other: _____

Name: _____

SECTION 4 – 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.

4A. EXTRACURRICULAR ACTIVITIES (e.g., clubs, sports)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

4B. VOLUNTEER ACTIVITIES (at school, work, or other)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

4C. AWARDS/SPECIAL RECOGNITION RECEIVED (e.g., Honor Society, Dean’s List, Employee of the Month)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

4D. LEADERSHIP/OFFICER POSITIONS (e.g., captain of team, class or club president)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Name: _____

SECTION 5 – Volunteer/Work Experience

Please list any volunteer/work experience (starting with most recent). Feel free to use additional paper as necessary. A resume may NOT be submitted instead of providing the information below.

I have not had any volunteer/work experience: _____

1. Company: _____ Position held: _____

City: _____ State: _____ Zip: _____

Start Date (month/year): _____ End Date: _____

This experience was: Paid: _____ Volunteer: _____ Hours worked per week: _____

Contact Person: _____

Contact's Title: _____ Contact's Phone Number: _____

2. Company: _____ Position held: _____

City: _____ State: _____ Zip: _____

Start Date (month/year): _____ End Date: _____

This experience was: Paid: _____ Volunteer: _____ Hours worked per week: _____

Contact Person: _____

Contact's Title: _____ Contact's Phone Number: _____

3. Company: _____ Position held: _____

City: _____ State: _____ Zip: _____

Start Date (month/year): _____ End Date: _____

This experience was: Paid: _____ Volunteer: _____ Hours worked per week: _____

Contact Person: _____

Contact's Title: _____ Contact's Phone Number: _____

Name: _____

SECTION 6 - 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? _____

	Above Average	Average	Below Average	Unknown
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Interpersonal communication skills	___	___	___	___
Ability to work with others	___	___	___	___
Demonstrates initiative	___	___	___	___
Performance under stress	___	___	___	___
Self-confidence	___	___	___	___
Responsibility and reliability	___	___	___	___
Ability to accept constructive feedback and learn from it	___	___	___	___
Attendance and timeliness	___	___	___	___
Potential for growth	___	___	___	___

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 _____

REFERRAL #2

How do you know the applicant? _____ For how long? _____

	Above Average	Average	Below Average	Unknown
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Interpersonal communication skills	___	___	___	___
Ability to work with others	___	___	___	___
Demonstrates initiative	___	___	___	___
Performance under stress	___	___	___	___
Self-confidence	___	___	___	___
Responsibility and reliability	___	___	___	___
Ability to accept constructive feedback and learn from it	___	___	___	___
Attendance and timeliness	___	___	___	___
Potential for growth	___	___	___	___

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 _____

