

ST. CLOUD AREA CHAMBER OF COMMERCE SCHOLARSHIP APPLICATION

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

Students may fill out one application for multiple scholarships.

Please mark which scholarship(s) you are applying for:

Bernick's Coborn's/Cash Wise DeZURIK Glenn J. Imholte Memorial/Chamber Connection Insight Eye Care

PineCone Vision Center Health Education SCSU Business Student Executive Council St. Cloud Builder's Exchange

1. Name _____
First Last

2. Home Address _____

3. Telephone No. _____
Parent/Guardian #1 Employer Parent/Guardian #2 Employer
(Required) (Optional)

4. High School Attended _____
Grade Point Average

5. What major will you be enrolling in? _____

6. What are your plans after you finish the program?

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

SECTION 2

Tell us about yourself and your future plans. Use additional pages to answer questions 8 – 10 if necessary.

8. List and describe your volunteer roles and/or work experience.

9. Describe your accomplishments in and/or out of school.

10. What is one of your proudest accomplishments/achievements in life so far?

11. 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 number 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 Chamber NO LATER THAN FRIDAY, April 2, 2021.

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