

**St. Cloud Area Chamber “*Unite for Success*” Scholarship Program
2024 DONOR SCHOLARSHIP OUTLINE**

Name of Organization: _____

Address: _____

Contact Person: _____ E-mail: _____

Phone: _____ Fax: _____ Date: _____

TITLE OF SCHOLARSHIP: _____

A. Please decide which school(s) the scholarship should be made available to.

- | | |
|--|---|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Rocori |
| <input type="checkbox"/> Apollo | <input type="checkbox"/> Royalton |
| <input type="checkbox"/> Becker | <input type="checkbox"/> St. Cloud Christian School |
| <input type="checkbox"/> Cathedral | <input type="checkbox"/> Saint John’s Prep |
| <input type="checkbox"/> Eden Valley/Watkins | <input type="checkbox"/> Sartell-St. Stephen |
| <input type="checkbox"/> Foley | <input type="checkbox"/> Sauk Rapids-Rice |
| <input type="checkbox"/> Holdingford | <input type="checkbox"/> Tech |

Due to the amount of time dedicated to this program, we encourage you to stick to this list, but if there is/are another school(s) within the **Central Minnesota area** that you would like to offer a scholarship to, please indicate here: _____

If you are offering the scholarship to multiple schools, please specify what amount(s) should be made available to each school. _____

B. Must the recipient plan to attend a *particular* post-secondary institution?

- Yes No **School:** _____

C. Must the recipient plan to enroll in a *particular* education field?

- Yes No **Field of study:** _____

D. Check any criteria you wish to be used to determine the recipient. **We discourage submission of your own application to protect you from legal ramifications involved in the use of discriminatory criteria.** If you provide the following criteria for use on an application, either the Chamber or the high school will provide the application for students to fill out.

- Volunteerism
- Leadership
- Grade Point Average (must be at least _____ GPA)
- Activity in Extra-Curricular Programs - Specify Activity: _____
- Activity in Community - Specify Activity: _____
- Financial Need - Specify Requirement: _____
- Other: _____

E. In accordance with federal law the business/organization can no longer choose the recipient of the scholarship. The decision must be made by the high school or the Chamber of Commerce. Which committee would you like to make the decision?

- School Scholarship Committee
- Chamber Scholarship Selection Committee

F. Part of the Scholarship program is exposure for your business to the public. Will you be available to present the Scholarship? (Note: some schools do not have awards programs).

- Yes
- No: Please have a school official present the award.

G. Please attach any additional requirements, criteria, or special instructions that you wish your scholarship to carry.

H. Is there anything else you would like us to know to facilitate the administration and distribution of your scholarship? _____



**St. Cloud Area Chamber “Unite for Success” Scholarship Program
2024 DONOR SCHOLARSHIP DOLLAR AMOUNTS
CONFIRMATION**

Please indicate the number of scholarships and dollar amount you plan to contribute for high school students graduating May 2024:

_____ scholarship(s) @ \$ _____ = \$ _____

Authorized Signature: _____ Date: _____

The St Cloud Area Chamber of Commerce Foundation is a 501(c)(3). **One hundred percent of your contribution is given to the student(s).**

Please return the outline and confirmation sheet by January 14, 2024. Email to Shelly Imdieke at simdieke@stcloudareachamber.com or mail to the following address.

Unite for Success Scholarship Program
St. Cloud Area Chamber of Commerce
1411 West Saint Germain Street, Suite 101
St. Cloud, MN 56301

Please make checks payable to St. Cloud Area Chamber of Commerce Foundation. Please mail check to above address by January 31, 2024.

