

**** Please post - Photocopies accepted. ****

SCHOLARSHIP APPLICATION

2-year, Technical or Associates Degree

Purpose:

To provide financial recognition to students involved in the community and associated with a Chamber of Manitowoc County member. A \$500 scholarship is available for a student pursuing a 2-year, Technical or Associates Degree. The Ambassadors Committee, sponsor of this scholarship, believes that hard work, community service, and the pursuit of higher education should be appropriately recognized and rewarded.

Eligibility Requirements:

- High school graduate class of 2017
- Demonstrate initiative in and/or out of school
- Show an interest in the community, school and/or work activities
- Employed by or have a parent/guardian employed by a company that is a member of The Chamber of Manitowoc County
- Section II (on the second page) must be completed and typed for submission on a separate sheet(s) of paper
- Minimum GPA of 2.0

Notes:

- Academic excellence and financial need are not required for qualification, nor are they basis for disqualification.
- Acceptance of any other scholarship award will not preclude acceptance.
- The proceeds of the award must be used to assist the recipient in meeting expenses for advanced education in full or part-time study in a technical/trade school, college or equivalent.

APPLICATIONS MUST BE RECEIVED AT THE CHAMBER OFFICE BY
Monday, April 3, 2017



The Chamber of Manitowoc County
Attn: Scholarship Committee
1515 Memorial Dr.
Manitowoc, WI 54220

Questions? Call The Chamber (920) 684-5575



2017 Chamber Ambassadors Scholarship Application

2-year, Technical or Associates Degree

SECTION I: PERSONAL DATA (PLEASE TYPE OR PRINT)

Name: _____
Last First Middle

Permanent Address: _____

City/State/Zip: _____

Telephone: _____

High School: _____

Graduation Date: _____

Please check one: Pursuing a 2-Year _____ Technical _____ Associates _____

Name of College/University: _____

City/State: _____

Please indicate the Chamber member affiliate either you or your parent/guardian is associated with and your relationship.

Affiliate Name: _____

Employee Name: _____ Relationship: _____

Required Applicant Signature:

By signing below I hereby certify that I am a high school senior graduating in 2017 and that all information set forth in this document is true and complete to the best of my knowledge. I give consent to the Ambassadors Scholarship Committee and The Chamber of Manitowoc County to access and release any or all of the above information, including my photograph, as is necessary to conduct business and promotions.

Applicant Signature: _____ Date: _____

Required Signature of Parent or Legal Guardian:

My signature here indicates that the student whose name appears above is an applicant for The Chamber Ambassadors Scholarship and I give consent to the Ambassadors Scholarship Committee and The Chamber of Manitowoc County to access and release any or all of the above information, including my child's photograph, as is necessary to conduct business and promotions.

Parent/Legal Guardian Signature: _____ Date: _____

SECTION II: ACHIEVEMENTS & CIVIC ENGAGEMENT (TYPE ANSWERS ON A SEPARATE SHEET)

Please answer, maximum two pages, typed, double-spaced the following:

1. Why do you feel The Chamber of Manitowoc County is important to our community?
2. List two career goals and briefly explain your plan to achieve each goal.
3. Describe employment skills that you have already developed/attained that will help you in your chosen career. Also, list any other extra-curricular activities, organizations or work experience in which you have been involved in.

APPLICATIONS DUE TO THE CHAMBER OF MANITOWOC COUNTY BY 4:30 P.M. MONDAY, APRIL 3rd, 2017.

THE CHAMBER OF MANITOWOC COUNTY
ATTN: SCHOLARSHIP COMMITTEE
1515 MEMORIAL DR.
MANITOWOC, WI 54220