

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

## **SCHOLARSHIP APPLICATION 4-Year Degree**

### **Purpose:**

To provide financial recognition to students involved in the community and associated with a Chamber of Manitowoc County member. A \$1,000 scholarship is available for a student pursuing a 4-year degree. The Ambassadors Committee, sponsor of this scholarship, believes that leadership, community service, and the pursuit of higher education should be appropriately recognized and rewarded.

### **Eligibility Requirements:**

- High school graduate class of 2017
- Demonstrate a capacity for leadership
- Show an interest in the community and school 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

### **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 4-year 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 4-Year Degree

## SECTION I: PERSONAL DATA (PLEASE TYPE OR PRINT)

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

High School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

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 any honors or special recognition you have received and offices or leadership positions you have held and in what organizations.
3. List any other extra-curricular activities or organizations 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