

# 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](http://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: \_\_\_\_\_

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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: \_\_\_\_\_

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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. \_\_\_\_\_

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Name: \_\_\_\_\_

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:** \_\_\_\_\_

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**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

**Please rate the applicant:**

|   |       |       |       |       |
|---|-------|-------|-------|-------|
| 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

**Please rate the applicant:**

|   |       |       |       |       |
|---|-------|-------|-------|-------|
| 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 \_\_\_\_\_

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**Name:** \_\_\_\_\_

### SECTION 7 - Essay

With your application, please include your response to the following essay question. **Essay must be on a separate piece of paper, and must have your name and the essay question typed/printed at the top of the page.**

**In one hundred words or less, please let us know; (1) why you feel you should receive this scholarship, (2) demonstrate your financial need, and (3) how a scholarship from the Richmond/Spring Grove Chamber will affect your ability to further pursue your educational goals.**

### **SECTION 8 – Conclusion & Required Signatures**

#### **8A. I HAVE INCLUDED THE FOLLOWING**

|   |   |
|---|---|
| <input type="checkbox"/> Application                  | <input type="checkbox"/> Photocopied documentation of honors and achievements |
| <input type="checkbox"/> Photo (optional)             | <input type="checkbox"/> Two (2) signed recommendations                       |
| <input type="checkbox"/> Two semesters of transcripts | <input type="checkbox"/> Essay (per section 7)                                |

#### **8B. PLEASE READ THE FOLLOWING PRIOR TO SIGNING BELOW:**

To the best of my knowledge, I have provided the Richmond/Spring Grove Chamber of Commerce accurate information concerning all questions on this application. I hereby agree to report to the Richmond/Spring Grove Chamber of Commerce any changes which could affect consideration of my application. I understand that all decisions of the Richmond/Spring Grove Chamber of Commerce Scholarship Committee are final.

I understand that if I am awarded a scholarship, certain requirements (including, but not limited to the following) must be met before any award monies can be disbursed. (1) I must accept the award. (2) I must provide proof of enrollment (full or part-time with a 6 credit hour minimum) in an accredited or vocational program for the academic year. I understand that awards will be payable and mailed directly to my college/university or vocational school in one lump sum of \$500.00. **In order for us to process your scholarship, we must receive information on your schools letterhead showing your grades, enrollment in the school, or an invoice. You need to submit this information to the above address. Once received, we will submit payment to your school within thirty (30) days.**

Any withdrawal from college/university or vocational school shall cause no funds to be disbursed. You will have until October 1, 2018 to use/apply this scholarship towards college classes. Any funds remaining after this date shall no longer be available to you.

|                               |                     |               |
|-------------------------------|---------------------|---------------|
| _____<br>Applicants Signature | _____<br>Print Name | _____<br>Date |
|-------------------------------|---------------------|---------------|

|                                    |                     |               |
|------------------------------------|---------------------|---------------|
| _____<br>Parent/Guardian Signature | _____<br>Print Name | _____<br>Date |
|------------------------------------|---------------------|---------------|