



STONEHAM CHAMBER OF COMMERCE SCHOLARSHIP APPLICATION

*Application is due in the Chamber of Commerce Office, 335 Main Street, Suite 202,
Stoneham MA 02180 no later than **THURSDAY, APRIL 13, 2017***

*Completed application **must be accompanied by**
official transcript, essay and two references (see attached) –*

SUBMISSIONS THAT DO NOT INCLUDE ALL DOCUMENTS WILL BE DISQUALIFIED*

I APPLICANT INFORMATION:

Name _____

Permanent Home Address _____ (City/Town) _____ State _____ Zip _____

Telephone () _____ Date of Birth / / _____

Email Address: _____

II CHAMBER CONNECTION (Must be completed for application to be considered)

Please check the line that is appropriate and provide information where required

I am the child/grandchild of the following Chamber business member

I am the child/grandchild of an employee of the following Chamber business member

I am an employee of the following Chamber business member

Chamber business member name _____

Relationship _____

Signature of Applicant

Signature, Chamber business member

Signature of Parent/Guardian

Date

III EDUCATION INFORMATION:

High School: _____ Graduation Year: _____

Number of students in Family: _____

Number of students in family (not including yourself) enrolled in post-secondary education as of Fall, 2017: _____

Do you have any special circumstances regarding your financial situation*? If so, please explain.

IV INSTITUTION/COLLEGE INFORMATION:

School Name: _____

Address: _____ (City/Town) _____ State: _____ Zip: _____

Anticipated year of graduation: _____

Anticipated degree / certification: _____

Has acceptance been received? Yes _____ No _____

Have you sent a deposit? Yes _____ No _____

Please indicate your specific career goals*: _____

V APPLICANT'S ESTIMATED ANNUAL PROGRAM COSTS:

Tuition: \$ _____

Books: \$ _____

Room & Board: \$ _____

Other (Study Tools): \$ _____

TOTAL ANTICIPATED EXPENSES \$ _____

**Please feel free to attach additional pages if needed.*

VI EXTRACURRICULAR ACTIVITIES: Please attach additional pages, as needed.

Activity	Position Held	Dates of Participation
1.		/ / to / /
2.		/ / to / /
3.		/ / to / /

VII AWARDS: Please attach additional pages, as needed.

Award	Award Given By	Date Received
1.		/ /
2.		/ /
3.		/ /

VIII WORK HISTORY: Please attach additional pages, as needed.

Name _____

Address _____ (City / Town) _____ State _____ Zip _____

Length of Employment / _____ / to / _____ / Position Held _____

Supervisor's Name _____ Phone (_____) - _____

Name _____

Address _____ (City / Town) _____ State _____ Zip _____

Length of Employment / _____ / to / _____ / Position Held _____

Supervisor's Name _____ Phone (_____) - _____

Name _____

Address _____ (City / Town) _____ State _____ Zip _____

Length of Employment / _____ / to / _____ / Position Held _____

Supervisor's Name _____ Phone (_____) - _____

**STONEHAM CHAMBER OF COMMERCE SCHOLARSHIP
APPLICATION ESSAY**

On this page, ***in your own words***, please describe what has influenced your educational goals?
(Please do not include any references that would identify you to the Review Committee)

*Please feel free to attach additional pages if needed.

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TEACHER/GUIDANCE COUNSELOR REFERENCE FORM

Please do not reference the candidate by name or other identifying labels in your recommendation.

Reference Signature _____ Date _____

Please Print Name _____

STONEHAM CHAMBER OF COMMERCE SCHOLARSHIP APPLICATION

PERSONAL REFERENCE FORM

Please do not reference the candidate by name or other identifying labels in your recommendation.

Reference Signature _____ Date _____

Please Print Name _____