



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.

STONEHAM CHAMBER OF COMMERCE SCHOLARSHIP APPLICATION
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 _____