Lewiston Auburn METROPOLITAN CHAMBER of COMMERCE

2021 Common Scholarship Application

In an effort to streamline the scholarship application process, the LA Metro Chamber in partnership with College for ME - Androscoggin, has created a common application for scholarships we administer. With one application, qualified applicants are automatically considered for the below scholarships. The applicant does not need to meet the requirements for all scholarships, but will be considered for all scholarships for which they qualify.

Our Scholarships

Chamber Member Employee Scholarship

- One award of \$1,000
- Be employed at least part time by an LA Metro Chamber of Commerce member in good standing
- At least 18 years old
- Have not graduated from a traditional high school program in the last 12 months

High School Senior Scholarship

- One award of \$500 per high school
- Be a graduating senior at a high school in Androscoggin County; planning to attend a local institution of higher learning
- Be recommended by your high school guidance counselor, teacher, or principal.

College for ME - Androscoggin Scholarship

- A minimum of one award per recipient of \$500 per semester- or the cost of the class in Androscoggin County
- Have previously earned a high school diploma or high school equivalency diploma
- Have been out of high school (or equivalent program), or a college program for more than a year.

In order to swiftly, effectively, and accurately process scholarship applications, please complete all of the following:

_	Completed Scho	 A I! I!

- ☐ Letter of Recommendation (submitted by recommender)
- ☐ Completed Personal Statement of no more than 350 words

If you have any questions regarding the scholarship process, please contact the LA Metro Chamber at 207-783-2249. Application materials must be postmarked by April 15, 2021. Application materials may be submitted by mail or email to:

LA Metro Chamber of Commerce 415 Lisbon Street, Suite 100 Lewiston, ME 04240 scholarships@lametrochamber.com



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Full Name				
Address				
City		State		Zip Code
Phone Number		Email Address		
Date of Birth (MM/DD/YYYY)		Employer Name (If Applicable)		
Please select all that ap	ply. I am:			
□ a High School Student			an Andro	oscoggin County resident
☐ last attended college more than or ago		ne year	vear □ an employee in Androscoggin County	
☐ an employee of a Cha	amber memb	er		
The highest level of edu	ıcation I have	completed	d is:	
☐ High School Diploma	Year earr	ned:		
☐ GED/HiSET Year earn		ned:		
□ Adult Ed Diploma Year earr		ned:		
I have taken a college c	ourse:			
☐ Yes If so, wh	en did you co	mplete the	e course? Da	ate:
□ No				
☐ Unsure				



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I have participa	ated in a job training course				
☐ Yes	If so, when did you participate?	Date:			
□ No					
☐ Unsure					
Personal Statement On a separate piece of paper, please type a personal statement of no more than 350 words responding to the prompt below. Please ensure that your personal statement includes your name, word count, and the date. Prompt: Why have you chosen to further your education/career with college or training? What has or could keep you from being successful in advancing your career or education? I, the above named applicant, give the Lewiston Auburn Metropolitan Chamber of Commerce, it's board of directors and committees, and College for ME - Androscoggin permission to use part or all of the Personal Statement in a press release announcing scholarship recipients. I authorize the college or training program where I enroll in classes to release my academic records to the above parties.					
Applicant Signa	ture	 Date			



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APPLICANTS: Please provide this form to the person you wish to complete your letter of recommendation.

After completing the information below, please give this form to a teacher, employer, or friend (not a family member), to complete in support of your application. The letter of recommendation should describe your desire to succeed in college or a workforce-related training program. It should be current, contain your first and last name, be signed by the writer, and clearly identify the writer's relationship to you.

Applicant Name		
Applicant Signature		Date
multiple applications. Using a c	ommon application, v	the application and disbursement of we are able to increase the scholarship effort needed on the part of the
	tionship to them, and	this form, sharing how long you have what makes this applicant a great
Please complete this form alon to the LA Metro Chamber by m	. , , , ,	commendation, and return both pages
LA Metro Chamber 415 Lisbon St, Suite 100 Lewiston, ME 04240 scholarships@lametrochamber	r.com	
Recommender Name		Relationship to Applicant
Phone Number	Email Address	
Recommender's Signature		 Date