



Staff Only

Date rec'd: _____

Rec'd by: _____

DAVID LEMEILLEUR MEMORIAL VOCATIONAL SCHOLARSHIP

The David LeMeilleur Memorial Vocational Scholarship is dedicated to strengthening economic opportunities and development in Kerr County and is specifically aimed at assisting worthy residents in the greater Kerrville community with their pursuit of technical education.

SCHOLARSHIP ELIGIBILITY REQUIREMENTS, CRITERIA, and INSTRUCTIONS

- The applicant must be a Kerr County resident and pursuing additional training, a certificate, or a technical degree in an approved vocational, technical, or training program.
- Applicant must fully complete the scholarship application provided by Kerrville Area Chamber of Commerce.
- Applicant must be attending or accepted to an accredited college, vocational or technical school prior to any funds being disbursed to the institution.
- The scholarship may be used for any field of study and can be used for tuition, fees and/or cost of materials.
- Partially filled out applications will be discarded - All questions must be answered
- Attachments:
 - Attach a cover letter explaining why you are applying for this scholarship and how it will further your career
 - Attach one letter of recommendation
 - Attach a copy of your resume
 - Attach a copy of the training program or schedule
 - Attach a tuition cost invoice or estimate
 - Attach a list with cost of supplies needed for the program.

SELECTION

Selection of award recipients will be made by an unbiased committee of representatives of the Kerrville Area Chamber of Commerce and may include Chamber Board members, staff, and chamber members.

To be considered for the **David LeMeilleur Memorial Vocational Scholarship**, submit the scholarship application and all required documents to:

Kerrville Area Chamber of Commerce
Attention: Scholarship Committee
1700 Sidney Baker St, Ste 100
Kerrville, Texas 78028
830-896-1155



DAVID LEMEILLEUR MEMORIAL VOCATIONAL SCHOLARSHIP APPLICATION

Applicant Name: _____

Home Address: _____ City, State: _____ Zip: _____

Home Telephone: _____ Cell: _____

Email Address: _____

Place of employment (if applicable): _____

EDUCATION:

Name of High School Attended: _____ County: _____

What is your training program? _____ Anticipated Completion Date: _____

Printed Name of Applicant

Applicant's Signature

Date