

# GREATER GARDNER CHAMBER OF COMMERCE

210 Main Street, Gardner, Massachusetts 01440 ♦ Phone: (978) 632-1780 ♦ Fax: (978) 630-1767

## HOLLIE BETH RIVARD SCHOLARSHIP APPLICATION

### INSTRUCTIONS

The Greater Gardner Chamber of Commerce Scholarship Committee is offering a scholarship up to **\$500.00** to a qualified individual who:

- Is a Graduating Gardner High School Senior planning to attend any accredited school; and
- Has been a member of the Gardner High School Band, Symphony Band, Jazz Band or Chorus for a minimum of 2 years; and
- Has maintained a Cumulative GPA of 2.7 or higher (*please request your High School Guidance Office to send an official high school transcript by **April 1, 2010** directly to the Greater Gardner Chamber of Commerce Scholarship Committee*); and
- Has Completed the Application Procedures as noted below, *including a double-spaced essay of no more than 500 words on the topic designated below.*

### APPLICATION PROCEDURES :

1. Complete the Application Form attached.
2. Submit the appropriate credential(s).
3. Submit a double-spaced typed essay of not more than 500 words on the topics designated.
4. Submit the appropriate financial documents as requested on page 4 of the application.

### Essay Topic:

**What do you aspire to become and how do you see yourself improving your field of interest and help others and your community at large in your chosen career?**

**NOTE:** Essays will be judged on the quality of content and correct grammatical usage, spelling, and neatness.

***\* Applications and attachments not fully completed will be automatically disqualified.***

**Application Deadline: April 1, 2010**

**GREATER GARDNER CHAMBER OF COMMERCE**

**HOLLIE BETH RIVARD SCHOLARSHIP APPLICATION**

***Please Type or Print Neatly. Each page must be filled out completely to avoid disqualification.***

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Street: \_\_\_\_\_ Email: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different):

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status: \_\_\_\_\_ No. Of Dependents: \_\_\_\_\_

Age(s) of Dependent(s): \_\_\_\_\_

Number of Immediate Family Members currently enrolled in college: \_\_\_\_\_

Name of College: \_\_\_\_\_ City/State: \_\_\_\_\_

Name of College: \_\_\_\_\_ City/State: \_\_\_\_\_

Name of College: \_\_\_\_\_ City/State: \_\_\_\_\_

Name(s) of Person(s)  
Primarily Responsible for Your Support: \_\_\_\_\_

Relationship: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Career objective:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Name and Address of College Planning to Attend or Currently Attending:

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

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**This page must be filled out completely to avoid disqualification.**

**EMPLOYMENT/INTERNSHIPS**

Employer/Organization Name	City & State	Dates of employment	Avg. Hrs weekly	Position / Job Title
		to		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Credit
		to		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Credit
		to		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Credit
		to		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Credit

**VOLUNTEER ACTIVITIES**

Company/Organization Name	City & State	Dates of Activity	Avg.Hrs. Weekly	Brief Description of Assignment/Duties
		to		
		to		
		to		
		to		

Extra Curricular Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Honors/Special Recognition Received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GREATER GARDNER CHAMBER OF COMMERCE**

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***\*Please submit a copy of your FAFSA (Application For Federal Student Aid) if available or a copy of page 1 of your parent(s) most recent 1040 Federal Tax Return.***

Estimate the total **ANNUAL** cost for the college you currently attend or plan to attend.

**Tuition:** \$ \_\_\_\_\_

**Fees:** \$ \_\_\_\_\_

**Room & Board:** \$ \_\_\_\_\_

How much do **you** have available in your savings and/or checking accounts? \$ \_\_\_\_\_

How much do **your parent(s)** have available in savings and/or checking accounts? (if applicable) \$ \_\_\_\_\_

How much are **you** able to contribute toward your college expenses? \$ \_\_\_\_\_

How much are **your parent(s)** able to contribute toward your college expenses? (if applicable) \$ \_\_\_\_\_

List **your** other significant financial obligations (i.e. car payment, insurance, rent, childcare, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**LIST ALL FINANCIAL AID FOR WHICH YOU PLAN TO APPLY:**

Scholarships & Grants: (Include Name of Scholarship, Amount of Money Received, & Whether the Scholarship is Renewable).  
\_\_\_\_\_  
\_\_\_\_\_

Student Loans: \_\_\_\_\_  
\_\_\_\_\_

Parent Loans: \_\_\_\_\_

**LIST ALL FINANCIAL AID YOU HAVE BEEN AWARDED (if applicable):**

Scholarships & Grants: (Include whether the Scholarship is Renewable.)  
\_\_\_\_\_  
\_\_\_\_\_

Student Loans: \_\_\_\_\_  
\_\_\_\_\_

Parent Loans: \_\_\_\_\_

**GREATER GARDNER CHAMBER OF COMMERCE**  
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**FINANCIAL INFORMATION, CONT.**

What steps have you taken to help finance your education?

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Please describe any other circumstances you would like us to consider in determining your financial need.

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Do you have any life challenges of which the committee should be aware?

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**Please return your completed application to: Greater Gardner Chamber of Commerce Scholarship Committee, 210 Main Street, Gardner, MA 01440.**

**Application Deadline: April 1, 2010**