

**GREATER GARDNER CHAMBER OF COMMERCE**  
**SCHOLARSHIP APPLICATION – CURRENT COLLEGE STUDENT**

**INSTRUCTIONS & CHECKLIST**

The Greater Gardner Chamber of Commerce Scholarship Committee is offering a \$500 scholarship to a qualified college student.

*All applicants must be owners, employees, dependents or spouses of active paying Greater Gardner Chamber of Commerce member businesses / organizations. To check eligibility visit the Chamber website at [www.gardnerma.com](http://www.gardnerma.com) and click on Member Directory.*

1. Complete the application form attached.  
**All sections on the application must be completed. Incomplete applications will be disqualified. You may attach a brief one page activities resume.**
2. Submit copy of your FAFSA or page 1 of Parent's 1040 Federal Tax Return.
3. Submit a copy of your official college transcript.
4. Submit **two** double spaced typed essays of no more than 500 words each on the topics listed below.

**Essay #1:** What are your future career goals and what have you done to gain more experience to attain those goals (i.e. employment, volunteer work, internships)?

**Essay #2:** Describe the most creative project in which you have been involved.

**CHECKLIST:**

- \_\_\_ Application Form  
**All sections on the application must be completed.**
- \_\_\_ FAFSA or page 1 of Parent's 1040 Federal Tax Return (**for your personal security, please black out social security #'s on all financial documents**)
- \_\_\_ Transcript Request Submitted to Registrars Office
- \_\_\_ Two Essay(s)

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

Return to:  
Greater Gardner Chamber of Commerce Scholarship Committee  
29 Parker Street, P O Box 1381, Gardner, MA 01440

**APPLICATION DEADLINE: May 4, 2018**

**GREATER GARDNER CHAMBER OF COMMERCE  
SCHOLARSHIP APPLICATION – CURRENT COLLEGE STUDENT**

**PLEASE COMPLETE ALL SECTIONS. ANY INCOMPLETE SECTIONS WILL RESULT IN DISQUALIFICATION.**

*Please Type or Print Neatly.*

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Occupation(s) of Parents/Guardian(s):  
\_\_\_\_\_

Number of immediate family members currently enrolled in college: \_\_\_\_\_

Name of College	Year (Freshman, Sophomore, Junior, Senior)	
_____	_____	_____
_____	_____	_____

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

Name of College Currently Attending:  
\_\_\_\_\_

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

High School GPA: \_\_\_\_\_

**COMPLETE ALL SECTIONS BELOW. YOU MAY ATTACH AN ACTIVITIES RESUME OF NO MORE THAN ONE PAGE.**

**HIGH SCHOOL EXTRA CURRICULAR ACTIVITIES:** (List clubs, sports, school activities and the number of years participated)


**COLLEGE EXTRA CURRICULAR ACTIVITIES:** (List clubs, sports, school activities and the number of years participated)


**COMMUNITY INVOLVEMENT/VOLUNTEER ACTIVITIES:**

Name of Organization	# of Hours Per Month

COMPLETE ALL SECTIONS BELOW. ANY INCOMPLETE SECTIONS WILL RESULT IN DISQUALIFICATION.

**HONORS/AWARDS RECEIVED (Include High School & College):**

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**EMPLOYMENT (Please list School Year Employment & Summer Employment Separately):**

**School Year Employment**

Company Name	Dates of Employment	Hours per Week	Job Title/Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Summer Employment**

Company Name	Dates of Employment	Hours per Week	Job Title/Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you participated in an Internship? Yes \_\_\_ No \_\_\_ If yes, please list company name

Company Name	Dates of Internship	Hours per Week	Job Title/Duties
_____	_____	_____	_____

Total **Annual** Cost of the College Attending

Tuition & Fees: \$\_\_\_\_\_

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

Housing : College Dorm \_\_\_ Private Housing \_\_\_

Commute \_\_\_

List financial aid you have received or expect to receive:

Scholarships:	Amount	Grants:	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Loans:	Amount	Parent Loans:	Amount
_____	_____	_____	_____
_____	_____	_____	_____

**COMPLETE ALL SECTIONS BELOW. ANY INCOMPLETE SECTIONS WILL RESULT IN DISQUALIFICATION.**

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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**GREATER GARDNER CHAMBER OF COMMERCE MEMBER INFORMATION**

Name of Greater Gardner  
Chamber of Commerce Member Business: \_\_\_\_\_

Relationship to Member Business or Organization:

Owner: \_\_\_ Employee: \_\_\_ Spouse of Owner/Employee: \_\_\_ Dependent of Owner/Employee: \_\_\_

If Spouse or Dependent of Employee, please note name of the employee: \_\_\_\_\_

**PRIVACY NOTICE**

By providing financial information, including tax returns and the FAFSA form, with your application for a scholarship, you are authorizing the scholarship committee to have access to that private financial information. We will not use or disclose your parents or your financial information submitted with your application to any other third parties for any purpose other than for the purpose of the scholarship committee to assess your application and financial need without your parents or your **specific, written authorization**. You may revoke your authorization, in writing, at any time. If you do revoke your authorization, it will be effective when our office receives it and we will no longer use or disclose information about you for that purpose. However, we cannot take back any uses or disclosures that were made with your authorization prior to the revocation of it