

**GREATER GARDNER CHAMBER OF COMMERCE
SCHOLARSHIP APPLICATION – HIGH SCHOOL SENIOR**

INSTRUCTIONS & CHECKLIST

The Greater Gardner Chamber of Commerce Scholarship Committee is offering a \$500 scholarship to a qualified high school Senior.

All applicants must be dependents of active paying Greater Gardner Chamber of Commerce member businesses / organizations. To check eligibility visit the Chamber website at 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 FAFSA or Page 1 of Parent's 1040 Federal Tax Return.
3. Submit a copy of your official High School 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 1040 of Parent's Federal Tax Return (**for your personal security, please black out social security #'s on all financial documents**)
- ___ Transcript Request Submitted to Guidance 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

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

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 You Plan to Attend:

_____ Name _____ City/State

Name of High School: _____ Dates Attended _____

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

EXTRA CURRICULAR ACTIVITIES: (List clubs, sports, school activities and the number of years you have been a member)

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:

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 You Plan to attend

Tuition & Fees: \$ _____

Room & Board: \$ _____

Housing: College Dorm ___ Private Housing ___ Commute ___

List any 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?

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

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

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.