



GREATER GARDNER CHAMBER OF COMMERCE SCHOLARSHIP APPLICATION – CURRENT COLLEGE STUDENT

INSTRUCTIONS & CHECKLIST

The Greater Gardner Chamber of Commerce Scholarship Committee is offering a \$1,000 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 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.

Please return by April 10, 2026
Greater Gardner Chamber of Commerce
29 Parker Street, PO Box 1381, Gardner, MA 01440
Phone: 978-632-1780 • Email: Chamber@gardnerma.com

**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 _____

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):

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?

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