



## **GREATER GARDNER CHAMBER OF COMMERCE**

### **SCHOLARSHIP APPLICATION – NON-TRADITIONAL STUDENT**

#### **INSTRUCTIONS & CHECKLIST**

**The Greater Gardner Chamber of Commerce Scholarship Committee is offering a scholarship to a qualified non-traditional student:**

- *A student pursuing a GED.*
- *A student currently enrolled or planning to enroll in college courses part-time (less than 12 credits per semester).*
- *A student enrolled in a college certificate program or pursuing a professional training certification.*

*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.***

2. Submit copy of FAFSA or Page 1 of 1040 Federal Tax Return.

3. Academic achievement will be considered only if you attended college or high school within the past three years. If so, please request your official transcript from either your college or high school, whichever is most recent.

*If you have been out of school for more than three years, disregard academic records.*

*Submit a resume or chronological report of your employment history for the past four or more years.*

4. Submit double spaced typed essay of no more than 500 words on topic listed below:

***Essay:*** Why are you engaging in this educational experience and what do you expect to gain from this experience?

#### **CHECKLIST:**

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

***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](mailto:Chamber@gardnerma.com)

**GREATER GARDNER CHAMBER OF COMMERCE  
SCHOLARSHIP APPLICATION – NON-TRADITIONAL STUDENT**

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

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

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

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

Occupation: \_\_\_\_\_

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

Relationship to you: \_\_\_\_\_

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 or Currently Attend:

Name \_\_\_\_\_

City/State \_\_\_\_\_

Name of High School Attended: \_\_\_\_\_

Dates Attended \_\_\_\_\_

**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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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**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 Cost of Your Course(s) or Certificate Program \$ \_\_\_\_\_

List financial aid you have received or expect to receive:

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

Student Loans: Amount

_____	_____
_____	_____
_____	_____

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

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.