SALEM CHAMBER OF COMMERCE 2018 SCHOLARSHIP APPLICATION

PERSONAL INFORMATION: (Pleas	e print or type)
Applicants Full Name:	
Social Security Number:	Date of Birth:
Home Mailing Address:	
Parent/Guardian's Name:	
Parent Home Phone:	Parent Work Phone:
HIGH SCHOOL INFORMATION: (To be completed by counselor)
High School:	
ACT Composite Score GPA	
Class Rank/Size	
Transcript	
Guidance Counselor's Signature:	Phone:
SCHOOL ACTIVITIES: (List your hig	sh school activities in the order of interest to you)
Activity	
SCHOLASTIC ACHIEVEMENTS:	(List any special honors and awards you have won or earned)
Name of honor or award	Date Awarded
Name of honor or award	Date Awarded
Name of honor or award	Date Awarded
Name of honor or award	Date Awarded
Name of honor or award	Date Awarded

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COMMUNITY ACTIVITIES: (List your community activities in the order of interest to you)

Activity			
Activity	 	 	
Activity			
Activity	 		
Activity	 	 	

EMPLOYMENT: (List any jobs you have held since entering High School)

Employer	Duties	Dates of Employment	Hours per week
Employer	Duties	Dates of Employment	Hours per week
Employer	Duties	Dates of Employment	Hours per week

COLLEGE, VOCATIONAL/TECHNICAL SCHOOL INFORMATION:

In which field do you plan to major? _____

List the colleges or vocational/technical schools you are interested in attending in the order of your preference.

School	Date Applied Date Applied		Date Accepted Date Accepted
School			
School		Date Applied	
List any scholarships you have	applied for or have recei	ved.	
Scholarship	Amount	Received	Not Yet Awarded
Where do you plan to live? (che	eck one) In a college dorn	nitoryOff campus	HomeOther
What activities do you plan to p	participate in during colle	ege?	

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FINANCIAL NEED INFORMATION: (This section must be completed by a parent or guardian of the applicant.)

Age School School Age Age School List your employer and occupation: Parent/Guardian Name Employer Occupation Parent/Guardian Name Employer Occupation Please circle the category that represents your annual household income: Below \$25,000 \$75,000 - \$100,000 \$25,000 - \$50,000 \$100,000 - \$125,000 \$50,000 - \$75,000 Over \$125,000 List any savings you have for this applicant's education. List any other information you would like to volunteer regarding your financial situation or family circumstances that would be helpful in the consideration for a scholarship. Parent or guardian signature Date

List the ages of the dependent children in your family and the school or college they attend.

Please attach the following required documents to complete your application:

- A copy of your high school transcript.
- Three letters of recommendation from a teacher, counselor, employer, minister or community leader.

Please return application by April 25, 2018 to Mrs. Guildoo at Salem High School.