SALEM CHAMBER OF COMMERCE 2020 SCHOLARSHIP APPLICATION

PERSONAL INFORMATION: (Plea	se 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 hi	gh 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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COMMONTTA	CIIVIIIES: (List your co	mmunity activities in the order	of interest to you)
Activity			
EMPLOYMENT	: (List any jobs you have held s	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
School		Date Applied	Date Accepted
School		Date Applied	Date Accepted
School		Date Applied	Date Accepted
List any scholarships	you have applied for or have i	received.	
Scholarship	Amount	Received	Not Yet Awarded
Where do you plan to	o live? (check one) In a college	dormitoryOff campus_	HomeOther
What activities do yo	ou plan to participate in during	college?	

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

List the ages of the dependent children in your family and the school or college they attend.				
Age	School			
Age	School			
Age	School			
List your employer and occupa	tion:			
Parent/Guardian Name	Employer	Occupation		
Parent/Guardian Name	Employer	Occupation		
Please circle the category that	represents your annual househo	old 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 t	his applicant's education.			
	would like to volunteer regard elpful in the consideration for a	ing your financial situation or family scholarship.		
Parent or guardian signature	Date			

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 15, 2020 to Mrs. Guildoo at Salem High School.