

**CHAMBER OF COMMERCE SCHOLARSHIP
APPLICATION FORM**

NAME: _____

ADDRESS: _____

GPA: _____ **ACT Composite:** _____

School You Plan to Attend: _____

Field of Study: _____

Have you been fully admitted to the school/program? _____

List any financial aid you will receive, i.e. Hope Scholarship, PELL Grant, Scholarships, etc.:

Please submit the following to Mrs. Tammy Dodson no later than noon on May 7, 2018:

- **1 page essay telling how this scholarship will benefit you in reaching your educational goals (typed)**
- **Letter of recommendation from one of your classroom teachers**
- **List of academic awards, honors, extracurricular activities, community service, work experience, etc.**