

2019 SCHOLARSHIP APPLICATION

Please read the provided information prior to completing this form to verify that you are eligible and ensure that your submission is completed correctly for consideration. Applications must be typed. (Guidance Counselor portion may be handwritten)



PLAINFIELD
CHAMBER OF COMMERCE
BELONG • ENGAGE • SUCCEED

ABOUT THE SCHOLARSHIP

Plainfield Chamber of Commerce will award two \$2,500 scholarships.

ELIGIBILITY

- Must reside *or* be a student in the Town of Plainfield, Guilford Township or Liberty Township
- Must be a graduating high school senior with all basic credits for college entrance
- Must have a cumulative high school grade point average of 3.0 on a 4.0 scale or better

HOW TO APPLY

Materials must be submitted to the guidance office of your school by **Friday, April 12, 2019**.

- Application typed and completed in its entirety (no binders)
- Personal letter of recommendation from a school professional or other non-family member
- On a separate sheet of paper, please type a "Why Me" statement (one page or less) explaining why you are the best candidate for this award. Please exclude extracurricular activities and community/volunteer involvement in this statement.

JUDGING

The judging will be based on: activities listed; GPA/class rank; community and extracurricular activities; plans for attendance at an accredited 2-4 year institution.

RECIPIENTS

Scholarship recipients are requested to attend the *MAY 21, 2019 Chamber Membership Meeting* to accept the scholarship. The meeting begins at 11:30 am. Parents and guests are welcome. The actual scholarship is sent directly to the specified accredited institution.

All scholarships must be accepted initially in the next autumn semester or quarter after proof of enrollment is received by the Plainfield Chamber of Commerce, unless an extension of time is granted for just cause in the judgment of the Scholarship Review Board.

In the event a selected student is unable to fulfill his enrollment obligations under this program, the award is forfeited and the judges from the Scholarship Review Board may reassign the award.

CONTACT

Please direct questions to the Plainfield Chamber of Commerce at (317) 839-3800 or chamber@town.plainfield.in.us.

GENERAL INFORMATION

Full Name:	Date of Birth:	Gender:
Address:	Telephone Number:	
Name of Parent(s) or Legal Guardian(s):		
Name of High School:		
Which accredited college or vocational/technical school do you plan to attend? Have you been accepted?		

Have you determined your major course of study? If so, please include.

FINANCIAL INFORMATION

Percentage of college expenses to be paid by applicant:

Will the applicant work to fund his/her education?

Summer While at college Vacation/Breaks

What other scholarships or funding assistance do you anticipate or have you applied for? Have any been awarded?

Number of family members currently living in your household:

Number of family members attending college in Fall 2019?

Approximate family income:

Have you filed FAFSA?

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ACTIVITIES: You may include an additional sheet of paper if necessary.

School: Please list activities such as athletics, clubs, band, etc. and describe your participation.

Activity	Role/Leadership Position	Year(s) Involved	Awards
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Community: Please list your volunteer efforts within the community.

Organization	Project/Cause	Role	Year(s) Involved
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Work: Please list any work experience.

Employer	Position	Dates Employed
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ACKNOWLEDGEMENT OF APPLICANT & PARENT OR GUARDIAN

We have reviewed the responses provided in this application and find them to be true, complete and accurate. I hereby consent that Plainfield Chamber of Commerce has permission to use my name, photograph or testimony for print purposes if selected for this award.

Signature: _____ **Date:** _____
(Applicant)

Signature: _____ **Date:** _____
(Parent or Guardian)

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THIS SECTION MUST BE COMPLETED BY GUIDANCE COUNSELOR (Do not include grade transcripts)

SAT Scores

Critical Reading: _____ Math: _____ Writing: _____

ACT Composite: _____

GPA: _____ on a scale of: _____

Class Rank: _____ out of: _____

School Six Digit SAT ID Code Number: _____

Signature: _____ **Date:** _____
(Guidance Counselor)

Please comment, confidentially, regarding the accuracy, integrity and content of this application. We also ask that you confirm the student is in "good standing" with the school.

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PERSONAL LETTER OF REFERENCE (To be completed by a teacher, coach, community leader, etc.)

Please identify ways the applicant has demonstrated leadership skills, community involvement and his/her potential for success. This should be written on a separate sheet of paper and submitted with the application. Please include your name (printed and signed) along with your title and relationship to the student. *Letters written by family members will not be considered.*