



2020 Scholarship Application

Please complete and return this application to the Salem-Roanoke County Chamber Office no later than Friday, May 1, 2020, at 4:00PM. Incomplete applications will not be considered.

1. Name: _____
2. Home Address: _____
3. City: _____ State: _____ Zip: _____
4. Phone: _____ Email: _____
5. Parent's/Guardian's Names:

 Father: _____ Occupation: _____

 Mother: _____ Occupation: _____

 Guardian: _____ Occupation: _____
6. High school from which you will graduate: _____
7. Date of graduation: _____
8. Area of technical interest and/or intended major or trade skill: _____
9. List special courses taken in the area of your intended discipline: _____

Please provide the following necessary information.

10. School Activities

****ATTACH SEPARATE SHEET IF NECESSARY***

School Activity	Year (Circle all that apply)	Participation/Position
	9 10 11 12	
	9 10 11 12	
	9 10 11 12	
	9 10 11 12	
	9 10 11 12	
	9 10 11 12	

11. Community Activities/Volunteer Work

***ATTACH SEPARATE SHEET IF NECESSARY**

Community Activity	Year (Circle all that apply)	Participation/Position
	9 10 11 12	
	9 10 11 12	
	9 10 11 12	
	9 10 11 12	
	9 10 11 12	

12. Do you feel Community Activities/Volunteer Work has assisted toward your career objective?

13. Work Experience – Most recent employer first

***ATTACH SEPARATE SHEET IF NECESSARY**

Company	Dates Worked	Position/Duties
	From: To:	
	From: To:	
	From: To:	

14. List any honors or special recognition you received *both in and out of school*: _____

15. What special interests, hobbies, and/or talents do you have that might assist us in selecting you as a scholarship recipient? _____

16. List in order of preference the colleges or universities to which you have applied:

***ATTACH SEPARATE SHEET IF NECESSARY**

College or University	2 or 4 Year	Accepted?	Location of College or University	Cost (Tuition, Room/Board) Per Year

17. What is your career objective? _____

18. How will your career choice impact the local community? _____

19. List other scholarships that you have applied for:

**ATTACH SEPARATE SHEET IF NECESSARY*

Name of Scholarship	Source	Payable for how long?

Which of the scholarships listed above have you received? (Indicate with an *)

20. Please provide any additional information that you feel will assist the committee in its selection. Include volunteer work you have completed in the community.

21. Provide a minimum of **two** letters of recommendation:

- a. One from a teacher or counselor
- b. One from someone outside of school (not a relative)

22. Use this space to provide any additional information regarding your financial needs which would be helpful to the committee.

The information on this application is accurate to the best of my knowledge.

Signature

Date



CONFIDENTIAL FINANCIAL INFORMATION

The funds available for financial aid are limited. In order to distribute the award in the most equitable manner, the applicant’s need for financial aid must be carefully evaluated. If you are independent (emancipated) from your parents, please give your own income. **Please note that all spaces must be filled in.** If they are not applicable, then mark them as N/A. Feel free to present further details on a separate sheet of paper.

	Name	Occupation	Gross Monthly Income	Living in the home?
Self				
Father				
Mother				
Guardian				

Total gross income as shown on most recent 1040 tax form: _____

Number of persons dependent upon the income listed above. Include parents, dependent children, aged relatives and other as reported on income tax return: _____

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of persons listed above who are currently receiving training beyond high school: _____

How are these students being financed? _____

Please provide extenuating circumstances not given above that further show your need for financial assistance: _____

***ATTACH SEPARATE SHEET IF NECESSARY**



COUNSELOR'S REPORT ON SCHOLARSHIP APPLICANT

To the counselor:

The scholarship committee of the Salem-Roanoke County Chamber of Commerce desires the following information concerning the qualifications of _____ who has applied for a scholarship. Any information you may give will be treated as confidential.

1. How long has the applicant been a student in your school? _____

2. On what terms do you base your estimate of the applicant? (Check all that apply.)

Personal acquaintance Reports of instructors Personal observation

Casual acquaintance School records

3. Has the applicant maintained adequate and sincere interest in his/her studies? _____

4. Please attach a transcript of grades and the results of tests which may be of use to the committee.

5. Please indicate your personal rating of the applicant:

Rating	Character	Work Ethics	Interpersonal Skills
Excellent			
Good			
Fair			
Poor			

6. Has the applicant been accepted by a school listed in #16 on the application?

YES

NO

7. *On a separate sheet of paper, please state any further helpful information regarding this applicant.*

Signed: _____

School: _____

Address: _____
