

SCHOLARSHIP INFORMATION/ ELIGIBILITY REQUIREMENTS

- Scholarship(s) will be offered to a graduating high school student.
- Student must be employed by or have a parent employed by a Chamber member company for a minimum of six months to be eligible to apply.
- The applicant must be planning to attend a full-time college, university or technical school with the scholarship being made payable in the second year of enrollment.
- The applicant must attach a High School Transcript including grade point average.
- Application must be completed in full to be considered.
- Additional sheet with information may be attached.

CRITERIA EVALUATION

<u>Criteria</u>	<u>Maximum Points Earned</u>
1. Involvement in School Activities	20
2. Involvement in Community Activities	25
3. Work Experience	25
4. Scholastic Achievement	20
5. Career Plans	10

**SCHOLARSHIP APPLICATION
DEADLINE:
MARCH 31, 2023**

Student Information

Student's Name _____ Phone _____
 Mailing Address _____
 Email _____

Educational Information

High School Attending: _____
 SAT Math: _____ SAT Writing: _____
 GPA: _____ SAT Verbal: _____ SAT Reading: _____
 SAT Total: _____

NOTE: Official High School Transcript MUST be attached for consideration

College Information

College Major Being Pursued _____
 College Attending _____

<u>Estimated College Expenses</u>					
Tuition	\$ _____	Room & Board	\$ _____	Fees	\$ _____
Commuter Travel	\$ _____	Books & Supplies	\$ _____	TOTAL	\$ _____

Chamber Member Information

Chamber Member Company Where Student/Parent is Employed _____
 Name of Employee at Chamber Member Company _____
 Employee's Relationship to Student _____
 I certify that the above applicant is an **employee** or **son/daughter** (circle one) of the employee indicated above at _____ (Chamber member company)

 Chamber Member Representative _____ Date _____

Career Plans (please indicate your plans after college)

School Activities

<u>Activity</u>	<u>Role & Responsibility</u>
_____	_____
_____	_____
_____	_____
_____	_____

Community Activities

<u>Activity</u>	<u>Role & Responsibility</u>
_____	_____
_____	_____
_____	_____
_____	_____

Work Experience

<u>Employer</u>	<u>Role & Responsibility</u>	<u>Hours/Week</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student/Parent Signature

The signature below will attest to the accurateness of the information provided and grants permission to the Greater Rochester Chamber of Commerce to make this information available to the Scholarship Committee.

Student's Signature

Parent/Guardian Signature

Date

Complete and Return to:

Scholarship Committee
Greater Rochester Chamber of Commerce
18 South Main Street, Rochester, NH 03867
Phone: (603) 332-5080 Fax: (603) 332-5216