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# 2024 SCHOLARSHIP APPLICATION

## 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, technical, or trade 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 (GPA).
- Applicant must attach a letter of recommendation.
- Application must be completed in full to be considered.

## 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 29, 2024**

### Student Information

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Email \_\_\_\_\_

### Educational Information

High School Attending: \_\_\_\_\_  
 GPA: \_\_\_\_\_  
**NOTE: Official High School Transcript MUST be attached for consideration**  
**Letter of Recommendation must also be attached.**

### College Information

College Major Being Pursued \_\_\_\_\_  
 College Attending \_\_\_\_\_

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

### 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 \_\_\_\_\_

# SCHOLARSHIP APPLICATION

## *Career Plans (please indicate your plans after college)*


## *School Activities*

<u>Activity</u>	<u>Role &amp; Responsibility</u>

## *Community Activities*

<u>Activity</u>	<u>Role &amp; Responsibility</u>

## *Work Experience*

<u>Employer</u>	<u>Role &amp; 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

