

YOUR CONNECTION TO GROWTH & SUCCESS!

ADULT EDUCATION SCHOLARSHIP APPLICATION <u>DEADLINE FEBRUARY 1, 2020</u>

\$500.00 - \$1,000.00 awarded in April 2020

This is a scholarship offered by the St. Cloud Chamber of Commerce whose mission statement is as follows:

The St. Cloud Chamber of Commerce is dedicated to:

- · Providing business leadership, education and networking for economic growth.
- Promoting and preserving our quality of life.

The Education Committee Scholarship Objective is to provide financial support for those eligible individuals seeking to gain or improve career skills.

Scholarship Eligibility Requirements:

- a. Residency in the Greater St. Cloud area for at least 3 years
- b. High School Graduate or GED recipient
- c. U.S. Citizen or Legal Resident Alien
- d. a letter of recommendation from a <u>member</u> of the St. Cloud Chamber of Commerce Candidates may be required to provide verification of eligibility requirements.

I plan to attend a	College Unive	ersity Trade School, o	or Technical School
cility Name:			
PPLICANT DATA		SE PRINT OR TYPE	
lr			
s. Name	(Last)	(First)	(MI)
ermanent Address (Zip)	(Street)	(City)	(State)
) elephone Number		E-Mail Address	
re you a high school gra	duate? Do you ha	ave a GED?	
ligh School Attended _			
ow long have you lived in	n the St. Cloud area? _		
re you a U.S. citizen?		or Legal Alien?	
re you employed?	If so, where? _		
escribe your career goal	s or plans:		

Are you currently enrolled in a Training / Educational Institution?
Name of Institution or Training Program:
Phone number/contact at Institution/Program:
Do you have a specific program in mind?Describe:
If not currently enrolled, when do you plan to enroll?
What are the requirements of the Training / Educational program in which you wish to enroll or are
currently enrolled?

PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hrs/week	Name of Company	Contact	Phone Number

List community/school activities in which you have participated during the **past 4 years** (e.g., civic organization, church, volunteer, student government, clubs, music, sports, etc.) Indicate special awards and honors.

Name of School or Community	No. of Years/Hrs Involved	Special Awards, Honors, Offices Held	Contact	Phone Number
St. Cloud				
Chamber				

ESSAY: Please respond to the following questions. You may attach a sheet with your responses to the following questions.					
How will your training/education benefit the St. Cloud Community?					
What economic impact will training/education have for you, i.e., increased salary – how will this impact your earning power?					
How did you hear about the program? _					
Today's Date:					