



YOUR CONNECTION TO GROWTH & SUCCESS!

STUDENT EDUCATION SCHOLARSHIP APPLICATION

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

DEADLINE FEBRUARY 1, 2020

Applications may be mailed to the Chamber at 1200 New York Avenue,
St. Cloud, FL 34769 or
dropped off at that address M-F 9:00 AM to 4:00 PM

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.**

Scholarship Eligibility Requirements:

- High school senior graduating in 2020
- Resident in the Greater St. Cloud Area
- U.S. Citizen or Legal Resident Alien

Candidates may be required to provide verification of eligibility requirements.

In addition, student must provide

- a letter of recommendation from a member of the St. Cloud Chamber of Commerce
- a copy of your latest report card
- an essay on the following topic: (250 words)

What do you see as the greatest contribution the St. Cloud Chamber of Commerce provides to the City of St. Cloud and its residents?

APPLICANT DATA

PLEASE PRINT OR TYPE

Mr. _____
Ms. Name (Last) (First) (MI)

Permanent Address (Street) (City) (State) (Zip)

() _____
Telephone Number E-Mail Address

High School Attending _____

How long have you lived in the St. Cloud area? _____

Are you a U.S. citizen? _____ or Legal Alien? _____

Describe your career goals or plans: _____

Name of Institution or Training Program to which you are applying: _____

PERSONAL DATA

Describe your work experience during the **past 2 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 Volunteer	Special Awards, Honors, Offices Held	Contact	Phone Number
St. Cloud Chamber				

How did you hear about the scholarship? _____

Today's Date: _____

