

Shawnee Chamber of Commerce Foundation Betty Charlton Memorial Fund Scholarship Application – 2022

PERSONAL DATA

Name:					
	(Last)	(Middle)	(Fir	rst)	
Address: _					
	(Street)	(City)	(State)	(Zip)	
Phone:		Date of Birth:			
Email addr	ess:				
Male	Female				
Parents'/G	luardians' Names:				
Parents'/G	Guardians' Address (if c	lifferent from yours):			
		ACADEMIC DATA			
Name of H	igh School		ear of Graduation	on	
		script.and one (1) lett		endation_	
(Applicati	ons will not be revi	ewed unless complete	e)		
Name of In	nstitution you will be at	tending:			
Why do you	u want to attend this so	chool?			
What is you	ur intended field of stu	dy?			
What do vo	ou hope to do with you	reducation?			

SCHO	OL AND COMMUNITY INVOL	.VEMENT		
List any organizations in which you have been a member . Organizations may include academic, athletic, civic, religious or social groups.				
<u>Activity</u>	No. of Years	Positions or Offices Held		
List any awards, honors or reco	ognition received:			
Did you work and/or volunteer	during High School?			
Business	Time Period	<u>Position</u>		

Which of the above experiences (participation in a particular activity, leadership position or honor received) has been most important to you?

Why do you believe you deserve this sch	olarship?
I hereby confirm that all information pro that any false information automatically	vided on this application is correct and I understand disqualifies me from eligibility.
(Signature of Applicant)	(Signature of Parent/Guardian)
(Date)	

Submit completed application by 5:00 p.m. March 25, 2022

Marlene Shirley, Operations Manager mshirley@shawneekschamber.com

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