

Shawnee Chamber of Commerce Foundation Betty Charlton Memorial Fund Scholarship Application – 2024

PERSONAL DATA

Name:						
	(Last)	(Middle)	(Fir	st)		
Address: _		(City)				
	(Street)	(City)	(State)	(Zip)		
Phone:		Date of I	Date of Birth:			
Email addr	ess:					
Male	Female					
Parents'/G	uardians' Names: _					
Parents'/Guardians' Address (if different from yours):						
		ACADEMIC DATA				
Name of High School		Y	ear of Graduation			
Please at	tach a current tra	inscript.and one (1) lette	er of recomme	endation		
(Applications will not be reviewed unless complete)						
Name of Institution you will be attending:						
Why do you want to attend this school?						
What is you	ur intended field of s	tudy?				
What do yo	ou hope to do with yo	our education?				

SCHOOL AND COMMUNITY INVOLVEMENT

List any organizations in which you have been a member . Organizations may include academic, athletic, civic, religious or social groups.

Activity	No. of Years	Positions or Offices Held
List any awards, honors or recognitior	n received:	
Did you work and/or volunteer during	High School?	
Business	Time Period	Position

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 scholarship?

I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility.

(Signature of Applicant)

(Signature of Parent/Guardian)

(Date)

Submit completed application by 5:00 p.m. March 25, 2024

Marlene Shirley, Operations Manager <u>mshirley@shawneekschamber.com</u>

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