



GORDON COUNTY CHAMBER OF COMMERCE SCHOLARSHIP APPLICATION

Name: _____ Last Four Digits of Social Security #: _____

Address: _____ Date of Birth: _____

_____ Telephone: _____

Parent/Guardian _____

Name of School from which you are graduating: _____

Grade Point Average: _____ Rank in Class: _____ of _____ graduating

SAT Scores: Math _____ Verbal _____ Writing* _____ Total _____

ACT Scores: Math _____ English _____ Reading _____
*only if applicable

Science Reasoning _____ Composite _____

College Preference: _____ Accepted: ____ Yes ____ No

Anticipated Major: _____ Career Objectives: _____

Have you applied for other Scholarships? _____ From: _____

Have you applied for FAFSA? _____

Siblings/Parents in college? _____

Age of Siblings _____

If yes, how many as a full-time student? _____; how many as a part-time student? _____

Have you completed the Chamber of Commerce's Youth Leadership Program? _____

If no, did you apply? ____ Yes ____ No

Do you have any work experience? ____ If Yes, how long have you been employed?
____ Employer? _____ Hours/Week? _____ Duties:

Extracurricular School Activities - Please list clubs and organizations in school with which you have been involved. Include the number of years and any office held:

Continue on back if necessary

Honors and Awards received during your high school career:

List your Community Activities/Honors:

In your own words describe how the Gordon County Chamber of Commerce impacts the business community.

Transcripts attached.

Reference Letter from a high school counselor or teacher attached.

I read, agree and accept the Chamber Scholarship Guidelines and procedures.

Applicant's Signature _____ **Date:** _____

Counselor's Signature _____ **Date:** _____