



FENTON AREA CHAMBER OF COMMERCE (FACC) 2024 SCHOLARSHIP APPLICATION

Note: Please print legibly in ink if mailing application or you may use online fill-in application. Complete ALL items; incomplete applications will not be considered. Attach pages if necessary.

APPLICANT REQUIREMENTS

- Must be a current high school senior (class of 2024)
- Must plan to attend a two- or four-year college/university OR a trade school/certificate program.
- Must *either* reside in the 63026 zip code OR have a parent/guardian that is a FACC member (or employed by a FACC member business) that is in good standing.

CATEGORY-SPECIFIC SCHOLARSHIPS – Select All Applicable

All applicants will be eligible for a general scholarship as well as for other category-specific and/or sponsored scholarships. *To be considered for any of the following, indicate using check boxes below:*

- Leadership - Jeannie Braun Leadership Award:** Awarded to a female student who has displayed outstanding leadership ability throughout her high school years. Named after former Executive Director Jeannie Braun who led the Fenton Chamber and served the community for 16 years.
- Healthcare Professional / Medical Field:** Awarded to select applicants who intend to pursue a career in healthcare and who have demonstrated a passion for the industry.
- Business / Finance:** Awarded to select applicants who plan to pursue a career in business, finance, or economics and who have demonstrated a passion for the industry.

A. APPLICANT - PERSONAL INFORMATION

(1) NAME:

LAST FIRST MIDDLE

(2) PERMANENT ADDRESS:

STREET CITY STATE ZIP CODE

(3) PHONE #:

(4) EMAIL ADDRESS:

(5) DATE OF BIRTH:

(6) AGE:

B. APPLICANT - EDUCATION

(9) HIGH SCHOOL:

(10) GRADUTION DATE:

(11) ACT OR SAT – INDICATE MOST RECENT SCORE AND DATE TAKEN:

ACT: _____ DATE TAKEN (M/Y): _____ SAT: _____ DATE TAKEN (M/Y): _____

(12) OFFICIAL HIGH SCHOOL TRANSCRIPT

PLEASE SUBMIT YOUR COMPLETED APPLICATION ALONG WITH AN OFFICIAL HIGH SCHOOL TRANSCRIPT WHICH REFLECTS GRADES THROUGH JANUARY 2024. OFFICIAL TRANSCRIPTS CAN BE MAILED TO US DIRECTLY FROM YOUR SCHOOL (SEE BACK PAGE FOR MAILING ADDRESS).



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E. APPLICANT - SCHOOL ACTIVITIES

(25) LIST MAIN SCHOOL ACTIVITIES BELOW IN WHICH YOU HAVE PARTICIPATED TO A SIGNIFICANT DEGREE AND TO WHICH YOU BELIEVE YOU HAVE MADE A POSITIVE CONTRIBUTION. ADDITIONAL PAGE CAN BE ATTACHED, IF NECESSARY.

| ACTIVITY | POSITION HELD | YEAR(S) PARTICIPATED (INDICATE BELOW) | RECOGNITION (IF ANY) |
|----------|---------------|--|----------------------|
| | | FR SOPH JR SR | |
| | | FR SOPH JR SR | |
| | | FR SOPH JR SR | |
| | | FR SOPH JR SR | |
| | | FR SOPH JR SR | |
| | | FR SOPH JR SR | |
| | | FR SOPH JR SR | |

(26) LIST BELOW ANY HONORS OR AWARDS YOU HAVE RECEIVED:

| HONOR/AWARD | REASON FOR RECOGNITION | YEAR(S) AWARDED |
|-------------|------------------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

F. APPLICANT - COMMUNITY SERVICE/VOLUNTEER ACTIVITIES

(27) LIST ANY COMMUNITY SERVICE PROJECTS OR VOLUNTEER PROGRAMS IN WHICH YOU HAVE PARTICIPATED TO A SIGNIFICANT DEGREE AND TO WHICH YOU HAVE MADE A POSITIVE CONTRIBUTION.

| ACTIVITY | ORGANIZATION / NONPROFIT | YEAR(S) PARTICIPATED (INDICATE BELOW) | APPROXIMATE TOTAL HOURS PARTICIPATED IN ACTIVITY |
|----------|--------------------------|--|---|
| | | FR SOPH JR SR | |
| | | FR SOPH JR SR | |
| | | FR SOPH JR SR | |
| | | FR SOPH JR SR | |
| | | FR SOPH JR SR | |
| | | FR SOPH JR SR | |
| | | FR SOPH JR SR | |

G. APPLICANT - LEADERSHIP ACTIVITIES

(28) LEADERSHIP POSITION ORGANIZATON OR CLUB YEAR(S) OF PARTICIPATION

| (28) LEADERSHIP POSITION | ORGANIZATON OR CLUB | YEAR(S) OF PARTICIPATION |
|--------------------------|---------------------|--------------------------|
| | | |
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H. APPLICANT – FUTURE PLANS / AREA OF STUDY

(29) WHAT ACADEMIC/TECHNICAL PROGRAM OR MAJOR ARE YOU NOW CONSIDERING?

(30) WHAT DO YOU NOW SEE AS YOUR FUTURE OCCUPATION/PROFESSION?

I. APPLICANT – APPLICATIONS/ACCEPTANCE TO COLLEGE/UNIVERSITY/TECHNICAL SCHOOL

(31) LIST, IN ORDER OF PREFERENCE, THE NAMES OF THE COLLEGES/UNIVERSITIES/TECHNICAL SCHOOLS, TO WHICH YOU HAVE APPLIED. IF YOU HAVE MADE YOUR FINAL DECISION, PLEASE INDICATE IN SECTION BELOW.

| COLLEGE/UNIVERSITY, TECHNICAL OR VOCATIONAL SCHOOL | CITY & STATE |
|--|--------------|
| | |
| | |
| | |
| | |

(32) ADMISSION DECISION (IF APPLICABLE): _____ ACCEPTED (M/Y): _____

J. APPLICANT - PAID WORK EXPERIENCE

(33) LIST YOUR PAID (FULL- OR PART-TIME) WORK EXPERIENCE BELOW, INCLUDING FAMILY BUSINESS. IF NOT EMPLOYED, DESCRIBE ON IN "SECTION K" (PAGE 5) HOW YOU SPENT THE SUMMER AFTER JUNIOR YEAR (2023).

| | | |
|--|-----------------------------|--------------------------|
| A) COMPANY OR EMPLOYER: | | JOB TITLE / DESCRIPTION: |
| EMPLOYMENT PERIOD: FROM _____ TO _____ | | HOURS WORKED PER WEEK: |
| HOURLY PAY: | SUMMER ONLY? ___ YES ___ NO | |
| B) COMPANY OR EMPLOYER: | | JOB TITLE / DESCRIPTION: |
| EMPLOYMENT PERIOD: FROM _____ TO _____ | | HOURS WORKED PER WEEK: |
| HOURLY PAY: | SUMMER ONLY? ___ YES ___ NO | |
| C) COMPANY OR EMPLOYER: | | JOB TITLE / DESCRIPTION: |
| EMPLOYMENT PERIOD: FROM _____ TO _____ | | HOURS WORKED PER WEEK: |
| HOURLY PAY: | SUMMER ONLY? ___ YES ___ NO | |



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K. USE THE FOLLOWING SPACE TO EXPLAIN HOW YOU SPENT YOUR SUMMER AFTER YOUR JUNIOR YEAR (2023) ONLY IF YOU DID NOT WORK FOR WAGES AS NOTED IN PREVIOUS SECTION:

(34)

L. FINANCIAL INFORMATION

(35) STUDENT AID REPORT (SAR):

The SAR is the document resulting from the completion of the Free Application for Federal Student Aid (FAFSA). We expect all students seeking financial aid to complete the FAFSA. **Once you have completed the FAFSA, please attach with the application the portion of your Student Aid Report which shows your Application Receipt Date along with your Expected Family Contribution (EFC). We do not need the full report. If submitting your application online, please add as an attachment.**

(36) ARE YOU THE FIRST IN YOUR FAMILY TO ATTEND COLLEGE OR POST-SECONDARY INSTITUTE? YES ____ NO ____

(37) TOTAL FAMILY INCOME:

\$ _____

(38) EXPECTED FAMILY CONTRIBUTION (PER FAFSA):

\$ _____

CONTINUE ON TO PAGE 6



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SPACE FOR ADDITIONAL INFORMATION (IF NEEDED)

Multiple empty horizontal lines for providing additional information.

THE FENTON AREA CHAMBER OF COMMERCE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, CREED, NATIONAL ORIGIN, SEX OR CONDITION OF HANDICAP IN THE ADMINISTRATION OF ITS SCHOLARSHIP PROGRAM.

YOUR SIGNATURE AT THE END OF THIS APPLICATION AUTHORIZES THE FENTON AREA CHAMBER OF COMMERCE AND ITS SELECTION COMMITTEE TO EXAMINE YOUR ACADEMIC, FINANCIAL AND PERSONAL RECORDS AND TO RELEASE PERTINENT DATA TO THOSE INVOLVED WITH THE SCHOLARSHIP FUND PROGRAM. YOUR SIGNATURE ALSO AUTHORIZES THE FENTON AREA CHAMBER OF COMMERCE TO VERIFY ANY INFORMATION PERTAINING TO YOUR APPLICATION.

**IMPORTANT: REVIEW APPLICATION TO ENSURE ALL AREAS ARE COMPLETED
APPLICATION MUST BE EMAILED OR POSTMARKED BY: MONDAY, MARCH 18, 2024
(OPTION #1) E-MAIL APPLICATION & ATTACH REQUIRED ITEMS TO: FENTONMOCHAMBER@GMAIL.COM
(OPTION #2) MAIL APPLICATION & ALL REQUIRED ITEMS TO THE ADDRESS BELOW:**

FENTON AREA CHAMBER OF COMMERCE
SCHOLARSHIP FUND
1315 NORTH HIGHWAY DRIVE
FENTON, MO 63026

**QUESTIONS?
CALL 636-717-0200**

APPLICANT'S AUTHORIZED SIGNATURE



- APPLICATION CHECKLIST:**
- Complete All Areas of Application & Sign
 - FAFSA Page w/ Application Receipt Date & Expected Family Contribution (EFC)
 - Official High School Transcript (through January 2024)
 - If Mailing, Ensure Proper Postage Amount & Send Date (by 3/18/2024)