

KENDALLVILLE AREA CHAMBER OF COMMERCE SCHOLARSHIP APPLICATION

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

NAME OF PARENT OR GUARDIAN WITH WHOM YOU LIVE: _____

WHAT COLLEGE OR TRADE SCHOOL DO YOU PLAN TO ATTEND? _____

WHAT IS YOUR FIELD OF STUDY? _____

FROM WHAT SOURCES DO YOU EXPECT TO DERIVE FINANCIAL SUPPORT WHILE ATTENDING SCHOOL?

PARENTS _____ EMPLOYMENT _____ SAVINGS _____ LOANS _____

OTHER (PLEASE LIST) _____

DO YOU CURRENTLY WORK? _____ PLACE OF EMPLOYMENT? _____

ALL HIGH SCHOOL ACTIVITIES AND OFFICES HELD: _____

GPA: (ATTACH VERIFICATION FROM SCHOOL): _____

SCHOOL HONOR AWARDS (OR OTHER RECOGNITION): _____

COMMUNITY ACTIVITIES IN WHICH YOU HAVE PARTICIPATED: _____

PARENT/GUARDIAN(S) PLACE OF EMPLOYMENT: _____

