

WOODBINE CHAMBER OF COMMERCE

SCHOLARSHIP APPLICATION FORM

A One Page Essay should accompany this form on a separate page with the title:

“HOW THIS SCHOLARSHIP WILL ASSIST ME IN ACHIEVING MY CAREER GOALS”.

NAME OF APPLICANT: **(PRINT CLEARLY)**

WOODBINE HOME STREET ADDRESS:

PHONE NUMBER:

CURRENT E-MAIL ADDRESS:

CURRENT HIGH SCHOOL/ GRADUATION DATE:

OVERALL ADVERAGE GRADES 10-12:

LIST SCHOOL INVOLVEMENTS:
(Activity) (Description)

COMMUNITY INVOLVEMENT/ WORK EXPERIENCE/OTHER ACTIVITIES:

NAME, ADDRESS, AND PHONE NUMBER OF UNIVERSITY OR TRADE SCHOOL WHERE YOU HAVE APPLIED:

HAS ACCEPTANCE BEEN CONFIRMED: YES NO **(PLEASE CIRCLE)**

I AGREE TO HAVE MY CONFIRMATION INFORMATION RELEASE FROM ABOVE FACILITY: **(PLEASE SIGN)**

SIGNATURE:

DATE:

PLEASE INCLUDE TRANSCRIPTS AND WRITE CLEARLY. ALL SCHOLARSHIP CHECKS, IF AWARDED ARE MADE OUT DIRECTLY TO THE FACILITY ATTENDING UNDER THE SCHOLARSHIP APPLICANTS NAME. **YOUR SIGNATURE IS REQUIRED.** THIS DOCUMENT MAY BE REPRODUCED

