



**STONEHAM CHAMBER OF COMMERCE SCHOLARSHIP APPLICATION**

Application is due in the Chamber of Commerce Office, 335 Main Street, Suite 202,  
Stoneham MA 02180 no later than **FRIDAY, APRIL 13, 2018**

Completed application **must be accompanied by  
official transcript, essay and two references (see attached) –**

**SUBMISSIONS THAT DO NOT INCLUDE ALL DOCUMENTS WILL BE DISQUALIFIED\***

**I APPLICANT INFORMATION:**

Name \_\_\_\_\_

Permanent Home Address \_\_\_\_\_ (City/Town) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_

**II CHAMBER CONNECTION** (Must be completed for application to be considered)

*Please check the line that is appropriate and provide information where required*

\_\_\_\_\_ I am the child/grandchild of the following Chamber business member

\_\_\_\_\_ I am the child/grandchild of an employee of the following Chamber business member

\_\_\_\_\_ I am an employee of the following Chamber business member

Chamber business member name \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature, Chamber business member

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**III EDUCATION INFORMATION:**

High School: \_\_\_\_\_ Graduation Year \_\_\_\_\_

Number of students in Family \_\_\_\_\_

Number of students in family (not including yourself) enrolled in post-secondary education as of Fall, 2018 \_\_\_\_\_

Do you have any special circumstances regarding your financial situation\*? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**IV INSTITUTION/COLLEGE INFORMATION:**

School Name \_\_\_\_\_

Address \_\_\_\_\_ (City/Town) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Anticipated year of graduation \_\_\_\_\_

Anticipated degree / certification \_\_\_\_\_

Has acceptance been received?            Yes            No

Have you sent a deposit?                Yes            No

Please indicate your specific career goals\*: \_\_\_\_\_

\_\_\_\_\_

**V APPLICANT'S ESTIMATED ANNUAL PROGRAM COSTS:**

Tuition                                    \$ \_\_\_\_\_

Books                                        \$ \_\_\_\_\_

Room & Board                            \$ \_\_\_\_\_

Other (Study Tools)                    \$ \_\_\_\_\_

**TOTAL ANTICIPATED EXPENSES**    \$ \_\_\_\_\_

*\*Please feel free to attach additional pages if needed.*

**VI EXTRACURRICULAR ACTIVITIES: Please attach additional pages, as needed.**

<b>Activity</b>	<b>Position Held</b>	<b>Dates of Participation</b>
1. _____	_____	/ / to / /
2. _____	_____	/ / to / /
3. _____	_____	/ / to / /

**VII AWARDS: Please attach additional pages, as needed.**

<b>Award</b>	<b>Award Given By</b>	<b>Date Received</b>
1. _____	_____	/ /
2. _____	_____	/ /
3. _____	_____	/ /

**VIII WORK HISTORY: Please attach additional pages, as needed.**

Name \_\_\_\_\_

Address \_\_\_\_\_ (City / Town) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Employment / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Position Held \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ (City / Town) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Employment / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Position Held \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ (City / Town) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Employment / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Position Held \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**STONEHAM CHAMBER OF COMMERCE SCHOLARSHIP  
APPLICATION ESSAY**

On this page, *in your own words*, please describe what has influenced your educational goals?  
**(Please do not include any references that would identify you to the Review Committee)**

\*Please feel free to attach additional pages if needed.

**STONEHAM CHAMBER OF COMMERCE SCHOLARSHIP APPLICATION**  
**TEACHER/GUIDANCE COUNSELOR REFERENCE FORM**  
**Please do not reference the candidate by name or other identifying labels in your recommendation.**

Reference Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

**STONEHAM CHAMBER OF COMMERCE SCHOLARSHIP APPLICATION**

**PERSONAL REFERENCE FORM**

**Please do not reference the candidate by name or other identifying labels in your recommendation.**

Reference Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_