

## DEFIANCE AREA CHAMBER OF COMMERCE FOUNDATION SCHOLARSHIP APPLICATION FOR 2022 - 2023

### <u>Defiance Area Chamber of Commerce Foundation Scholarship</u>

The scholarship fund was established by the trustees of the Defiance Area Chamber of Commerce Foundation, Inc. who realize the importance of higher education. This non-renewable scholarship will be awarded annually to be used for post-secondary education to the scholarship winner who will be attending an accredited educational institution. There could be up to two \$1,000 scholarships awarded for the 2022-2023 academic year, at the discretion of the Scholarship Committee. The scholarship will be payable directly to the college or university of the student's choice.

#### Eligible Applicants:

Eligible applicants include all Chamber members in good standing, member's employees, employee's spouse, and employee's dependents who are accepted at an accredited university or college pursuing a degree, certification, or license.

#### **Application Information:**

Applications should be received **no later than March 25, 2022** to the Defiance Area Chamber of Commerce office located at 400 Clinton St., Defiance, OH 43512. Applications can be mailed or submitted in person to the Chamber Office or may be emailed to <a href="maileotrage">marketing@defiancechamber.com</a>.

### Criteria for Evaluation:

The criteria used for evaluation are essay, work experience, extracurricular activities, community service, academic accomplishments, and letters of reference. All requested information must be received. Incomplete applications will not be considered. Finalists will be contacted for an interview with the Selection Committee.

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## <u>PART I – APPLICANT INFORMATION</u> – print or type

Name:					
last			first		middle
Permanent Address: _		street add	rass		
		Street add	1033		
city			state		zip
Chamber Members N	lame-Relationship f	to Mem	ıber an	d Member	Business:
High School:					
· ———					
High School Graduati	on Date:				
GPA: Date of Birth:					
G171.		Date o	i Direii.		·····
Email:	Email: Cell Phone:				
Intended Major / Field	d of Study:				
interided Major 7 Here	7 Of Study				
College:					
Callaga, City Ctata 7	:				
College: City, State, Z	ıp:				
PART II – ACTIVITIES- A	Attach a separate s	heet(s)	if nece	ssary for t	he following sections.
	·			-	· ·
Work Experience - Lis	t your work experi	<b>ence</b> (p	aid and	d volunteei	r).
Name of Business	Supervisor's	Start	End	Hours	Duties
rvarrie of Basiliess	name	date	date	per	Dates
				week	

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### Academic Accomplishments and Extracurricular Activities

List all activities in which you have participated during the last four years (i.e. sports, theatre, band, choir, dance, clubs or groups, etc.).

Activity	Advisor	No. of	Special Awards/Honors/Offices
	Name	years	held

### Community Service

List all community activities in which you have participated without pay during the last four years (e.g. community, church, volunteer, tutor, etc.).

Activity	Advisor	No. of	Special Awards/Honors/Offices
	Name	years	held

#### PART III - ESSAY

State how this scholarship will make it possible for you to further your education, and why you decided to further your education. Include pertinent information regarding your background, ambitions, goals, and field of study. Attach this typed, double-spaced, one to two-page essay to your application.

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## PART IV – APPLICATION CHECKLIST

<u>Check</u> the items you have included and provide an <u>explanation</u> for any items that will be submitted at a later date.

☐ Application Completed	
☐ Essay attached	
☐ Include three letters of Reference (We will not accept letters from fam Examples of reference (Employer, Pastor/Minister, Teacher, Coach, no	•
(Optional) – Explain any circumstances or factors which you feel warrant spec as unusual personal, family or financial circumstances or challenges. Attach typed and double-spaced, to your application.	
I,, hereby consent, approve, and authorize the Foundation and/or any of its Applicable Committees, for the sole purpose of contact, verify and obtain any and all academic records. Further, I consent a use of a copy of this application for the purpose of obtaining such informatic original and that same may be faxed, mailed, or e-mailed for purposes herein consent and/or authorization is granted for the entire year in which the application is consent applies.	my eligibility, to nd approve the on in lieu of an n stated. Said
By affixing my signature to this application, I verify that all statements above a information is true.	and submitted
Signature Date	
Print Name	