



## DEFIANCE AREA CHAMBER OF COMMERCE FOUNDATION SCHOLARSHIP APPLICATION FOR 2026 - 2027

### Defiance Area Chamber of Commerce Foundation Scholarship

The scholarship fund was established by the Defiance Area Chamber of Commerce Foundation, Inc. trustees 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. Up to two \$1,000 scholarships could be awarded for the 2026 - 2027 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, employees' spouse, and 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 31, 2026**, to the Defiance Area Chamber of Commerce office located at 519 Clinton St., Defiance, OH 43512. Applications can be mailed or submitted in person to the Chamber Office (office hours are Monday – Friday 9am - 4pm) or may be emailed to [michelle\\_marshall@defiancechamber.com](mailto:michelle_marshall@defiancechamber.com).

### 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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APPLICATION FOR 2026 – 2027

*Deadline: March 31, 2026*

**PART I – APPLICANT INFORMATION** – print or type

Name: \_\_\_\_\_  
last \_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
street address \_\_\_\_\_  
city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Chamber Member's Name/Relationship to Member and Member Business:  
\_\_\_\_\_

High School: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

GPA: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Intended Major / Field of Study: \_\_\_\_\_

College: \_\_\_\_\_

College: City, State, Zip: \_\_\_\_\_

**PART II – ACTIVITIES** - Attach a separate sheet(s) if necessary for the following sections.

Work Experience - List your work experience (paid and volunteer).

Name of Business	Supervisor's name	Start date	End date	Hours per week	Duties

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**Academic Accomplishments and Extracurricular Activities**

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

Activity	Advisor Name	No. of years	Hours per week	Special Awards/Honors/Offices 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 Name	No. of years	Hours per week	Special Awards/Honors/Offices 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

Check the items you have included and provide an explanation 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 family members)  
Examples of reference (Employer, Pastor/Minister, Teacher, Coach, non-school related)

(Optional) – Explain any circumstances or factors which you feel warrant special attention, such as unusual personal, family, or financial circumstances or challenges. Attach this information, typed, and double-spaced, to your application.

I, \_\_\_\_\_, hereby consent, approve, and authorize the Defiance Area Chamber of Commerce Foundation and/or any of its Applicable Committees, for the sole purpose of my eligibility, to contact, verify, and obtain any and all academic records. Further, I consent and approve the use of a copy of this application for the purpose of obtaining such information in lieu of an original and that same may be mailed or e-mailed for purposes herein stated. Said consent and/or authorization is granted for the entire year in which the application or grant of scholarship applies.

By affixing my signature to this application, I verify that all statements above and the submitted information are true.

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

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