

**STURGEON CHAMBER OF COMMERCE
SCHOLARSHIP APPLICATION
(\$500)**

NAME: _____
 FIRST M.I. LAST

DATE OF BIRTH: _____ GENDER: Female _____ Male _____

NAME OF PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____
 Street or Rural Number City State Zip Code

TELEPHONE NUMBER: () _____ - _____

HIGH SCHOOL GPA: _____ CLASS RANK: _____ OF _____

COLLEGE YOU PLAN TO ATTEND: _____

DATE YOU PLAN TO ENTER: _____

In the space below, briefly summarize your school, church and community activities. List organizations you have been a member of and any offices you have held.

What are your educational and career goals?

Please list all scholarships, awards or financial aid for which you have applied, or have been awarded and the amount.

Please attach a copy of your high school transcript to date.

Return this application to the Counselor's Office on or before April 13, 2017.

Signature of Applicant

Date