2024 Charlevoix Area Chamber of Commerce Scholarship Application

Name:		Date of Birth:		
Address:	City:	State	Zip	
Phone Number: ()	E-mail:			
Parent/Guardian Information				
Parent (or Guardian) Name:				
Employer Name/Phone Numbe	r:	()	
Occupation:	·			
Is employer current Charlevoix				
Parent (or Guardian) Name:				
Employer Name/Phone Numbe	r:	(_)	
Occupation:				
Is employer current Charlevoix	Chamber Member in good st	anding? Y N		
Student Information				
Student's Employer (if employe	d)			
Is employer a current Chamber	Member in good standing? Y	/ N		
High School Attended:				
Recent School GPA:	(please attach copy of m	nost recent transcrip	t)	
Name of College or Program yo	u Plan on Attending:			
Address:	City:	State:	Zip:	
Date of Acceptance or Registrat	ion:			
(please attach proof of accepta	nce/registration)			

Extra-Curricular, Club, Organization, Civic, or Community Activities & Relevant Work
Experience:
(List all indicating any leadership/officer positions held. Use additional pages if necessary.)
On a separate piece of paper, please provide a Personal Statement (maximum one (1) typed
page) that includes a paragraph for each of the following qualities and topics:
1. Leadership: How have you demonstrated strong leadership during your high school years and been a role model for your peers?
2. Perseverance: Provide an example of a time in high school where you faced a challenge and explain how you approached the situation and the outcome.
3. Character: What adjective best describes your personal character and why did you choose this word?
4. Aspirations and Goals: Include your aspirations and goals in life and why you have chosen them, and how your education and talents could benefit the business environment of a community such as Charlevoix's.
Include a letter of reference from any chamber member.

Include a letter of reference from any of your high school teachers.