Munster Chamber of Commerce

Scholarship Program 2024

Information and Instruction Sheet

1. DEADLINE for scholarship applications is Friday, April 5, 2024 3:00 p.m.
2. Refer to criteria below for eligibility requirements.
3. Refer to application process below for a list of the supporting documents needed.

(i.e., reference forms, evidence of GPA, etc.)

Incomplete and late applications will not be considered.

1. If any question does not apply to you in this application, please put N/A in the space.
2. You will be notified in May if you are being awarded the scholarship.
3. If you have any questions about the application, please call the Munster Chamber of Commerce office at (219) 836-5549 or email [info@chambermunster.org](file:///C%3A%5CUsers%5CUSER%5CDocuments%5C2017%5Cinfo%40chambermunster.org).

NOTE: Scholarship funds will be awarded to the winning student only upon evidence of registration in an Indiana accredited post-secondary institution.

***Purpose:*** To provide a one-time scholarship to one (1) deserving School Town of Munster high school graduating senior intending to pursue post-high school course of study at either a college/university, vocational, or other post-secondary educational institution located in Indiana.

***Award Components:*** One (1) $1,000 scholarship awarded to one (1) student selected by the Munster Chamber of Commerce Scholarship Committee.

***Criteria:***

Applicant must attend Munster High School.

Applicant must be a graduating high school senior in the year of the award.

Academic requirements: Minimum GPA – 2.7 and ACT 17/36 or SAT 830/1600.

Applicant must not be receiving a scholarship or scholarships that cover full tuition.

***Application Process:***

Applicant must submit the following items:

1. Completed application form – the form is available online at [www.munsterchamber.org](file:///C%3A%5CUsers%5CUSER%5CDocuments%5C2017%5Cwww.munsterchamber.org). Access the document from the ABOUT menu and select Scholarship.
2. Two (2) completed recommendation forms – one of the forms must be completed by a high school teacher. The second form must be completed by one of the following: an administrator, counselor, employer, coach or other individual with significant knowledge of applicant’s experience and involvement.
3. Required Essays - Your written responses may be submitted on a separate sheet. Please keep responses concise.
4. An official and recent high school transcript with cumulative grade point average.

***Deadline***for the application is Friday, April 5, 2024, 3:00 p.m. Applications postmarked after this date will not be considered.

Please submit application to guidance office or mail or email to:

**Munster Chamber of Commerce**

**Scholarship Program**

1005 Ridge Road

Munster, IN 46321

info@chambermunster.org

Munster Chamber of Commerce

Scholarship Program 2024

**Application 2024**

|  |
| --- |
|  Please type your answers.  |
| 1. | Last Name:  | First Name:  |
| 2. | Mailing Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: State: ZIP: |
| 3. | Home Telephone Number: ( ) Cell Number: ( ) **□** Yes, you may text me |
| 4. | Email Address:  |
| 5. | Date of Birth: Month Day Year  |
| 6. | I plan to attend the following Indiana school in the Fall of 2023\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Proof of acceptance or current student enrollment from the above school is **required prior to receipt of funds.** |
| 7. | Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_  Attach proof of GPA. Your most recent **official** school transcript required.  |
| 8. | ACT Score:\_\_\_\_\_\_\_\_\_\_  or A copy of your ACT **or** SAT score sheet on official high school transcript is required. ACT 17/36 or SAT 830/1600 SAT Score: \_\_\_\_\_\_\_\_\_\_  |
| 9. | Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space.Name (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10. | Name and city of other high schools attended: | Number of years attended: |
| 11. | List and describe your involvement in community service activities, work experience, clubs, athletics, outside interests, hobbies, and/or extracurricular activities. (May use your own form) |
| 12. | Required Essays• List the goals you have for your future and explain why they are important to you.  (Please limit to 500 words) • How do you plan to use your college degree to impact the community within which you plan to reside? (Please limit to 250 words) |

|  |  |
| --- | --- |
| 13. | A. The following is a checklist to ensure you have all the necessary items needed by the scholarship committee to review your application. B. Your application will not be reviewed if items are not received before the application deadline.  (No exceptions.) C. Circle “YES” or “NO” to be sure you have attached each item as required. |
|  | YES | NO | **Completed Application Form.**   |
| YES | NO | **Two (2) recommendation forms requested.** One of the forms must be completed by a high school teacher. The second form must be completed by one of the following: an administrator, counselor, employer, coach or other individual with significant knowledge of applicant’s experience and involvement. Return these completed forms directly to us in a sealed envelope or via email.Mail : Munster Chamber of Commerce, 1005 Ridge Road, Munster, IN 46321Email: info@chambermunster.org.  |
| YES | NO | **Proof of college acceptance.** A letter of college acceptance or program acceptance is required for receipt of funds. |
| YES | NO | **Most recent official high school transcript**. Photocopies of your transcript are **not acceptable**.  |
| YES | NO | **Required essays** |

By completing and signing this form, the applicant agrees to the following:

* I hereby affirm that the information provided on this application is accurate and complete to the best of my knowledge.
* I have read and understand the Information and Instructions sheet and have had my questions answered satisfactorily by the Munster Chamber of Commerce.
* I understand that this scholarship may only be used for tuition, fees, and/or book expenses. Checks for tuition and fees will be issued directly to the school. If I choose to use this scholarship for books, I understand that I must contact the Munster Chamber of Commerce **before** the beginning of the academic year to receive instructions on disbursement of the funds.
* The Munster Chamber of Commerce, Inc. has my permission to use any general information included in this application, as well as my photo, for publicity purposes.

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Chamber’s scholarship program.

I hereby understand that if chosen as a scholarship winner, according to Munster Chamber of Commerce Scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### REMEMBER

The deadline for this application to be received by the Munster Chamber of Commerce is

**April 5, 2024, 3:00 p.m**

**No exceptions!**

Munster Chamber of Commerce

Scholarship Program 2024

Recommendation Form

Form on [munsterchamber.org](http://www.munsterchamber.org): About pull-down menu / Select Scholarship

Please circle on the continuum each characteristic that most adequately describes

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Student Name) (Address)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** |
| **Cooperation** | Uncooperative | Seldom cooperative | Sometimes cooperative | Generally cooperative | Always cooperative |
| **Respectful** | Disrespectful | Seldom respectful | Sometimes respectful | Usually respectful | Always respectful |
| **Class preparation** | Never Prepared | Occasionally prepared | Partially prepared | Generally prepared | Always prepared |
| **Motivation** | Purposeless | Vacillating | Usually purposeful | Effectively motivated | Highly motivated |
| **Concern for others** | Indifferent | Self-centered | Somewhat social | Generally concerned | Deeply concerned |
| **Respected by peers** | Not respected | Somewhat respected | Generally respected | Respected by most peers | Highly respected by peers |
| **Responsibility** | Unreliable | Somewhat dependable | Unusually dependable | Conscientious | Assumes much responsibility |
| **Integrity** | Not dependable | Questionable | Generally honest | Reliable | Consistently trustworthy |
| **Outlook on life** | Bitter most of the time | Sarcastic | Sometimes optimistic | Usually pleasant | Consistently looks on the bright side |
| **Self-disciplined** | Rebellious | Resistive | Conforms | Lives comfortably within limits | Supports and encourages regulations |

***What three adjectives would best describe the applicant?***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Additional comments (use an additional sheet if necessary)***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Name of Individual Completing Form Phone Date***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Relationship to the Student Name of Organization***

Return these completed forms directly to us in a sealed envelope or via email

Forms may be returned to us on or before April 5, 2024

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Email: info@chambermunster.org.

Munster Chamber of Commerce

Scholarship Program 2024

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 (Student Name) (Address)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** |
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***Additional comments (use an additional sheet if necessary)***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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***Name of Individual Completing Form Phone Date***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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