

This Scholarship is open to any graduating senior from Mt. Carmel High School in 2024.

The Applicant or their Parent (or Guardian) MUST be a Chamber Member in good standing to be eligible to apply.

The Scholarship may be used at any college/university of the scholarship recipient's choice.

Recipients will be invited to the <u>Chamber Picnic on June 20<sup>th</sup>, 2024</u> for lunch and to receive their checks. PLEASE SAVE THIS DATE.

The Chamber Scholarship Committee will consider all applications, and the recipients will be announced at the Senior Awards Program.

The following criteria will be used in determining the winners:

- The student(s) must work for a Chamber member or be a son/daughter of a Chamber member or the son/daughter of an employee of a Chamber member.
  - \*For a complete listing of members, contact the Chamber Office (618) 262-5116 or go to www.wabashcountychamber.com/chamber members/
- Leadership
- Community Service/Involvement
- School Activities/Awards
- Financial Need
- Special consideration will be given to Chamber Event Volunteers

# To qualify, the following items must be submitted to the Chamber office by Friday, April 26<sup>th</sup>, 2024:

- 1. Completed Application
- 2. Short Essay including "Why you deserve this scholarship?", "Where do you see yourself in five years?" and "How would you persuade someone to live in Wabash County?"
- 3. Letter of recommendation from a Chamber Member employee (Letter of recommendation from faculty/staff or personal recommendation optional)
- 4. Academic Transcript from MCHS
- 5. Acceptance Letter from college/university



## WABASH COUNTY CHAMBER OF COMMERCE APPLICATION FOR SCHOLARSHIP

MCHS GRADUATING SENIORS ACCEPTED FOR ADMISSION FOR FALL SEMESTER AT ANY COLLEGE OR UNIVERSITY OF THEIR CHOICE ARE ELIGIBLE TO APPLY.

### (Application must be neat in appearance.)

### **PERSONAL INFORMATION:**

Name:			
(First)	(Mi)	(Last)	
Address:			
Telephone #:			
Parent or Guardian:		Siblings:	
Father's Name		Name	Age
Mother's Name		Name	Age
Guardian's Name		Name	Age
Indicate awards, activities, of	nees, and community activi	icies during mgm sem	
COLLEGE INFORMATION.			
COLLEGE INFORMATION:			
College or University to Atter	nd:		
Maior Area of Study:			

# EMPLOYMENT: Present Employment (if any): Past Employment (if any): NAME OF AFFILIATED CHAMBER MEMBER: Person that works for a Chamber Member that makes you eligible. I.E. Yourself, Parent, Guardian Name: Chamber Business Name: Phone Number:

### **Materials to Include:**

- 1. Completed Application
- 2. Short Essay including "Why you deserve this scholarship?", "Where do you see yourself in five years?" and "How would you persuade someone to live in Wabash County?"

Date

Letter of recommendation from a Chamber Member (Letter of recommendation from faculty/staff optional)

Have you volunteered for the Chamber: YES \_\_\_\_\_NO: \_\_\_\_\_NO: \_\_\_\_

What event(s):

- 4. Academic Transcript from MCHS
- 5. Acceptance Letter from college/university

Applicant's Signature

APPLICATION AND ATTACHEMENTS MUST BE E-MAILED WITH ATTACHMENTS TO LDHIPSHER@WABASHCOUNTYCHAMBER.COM OR TAKEN TO THE CHAMBER OFFICE (601 N. MARKET ST MT. CARMEL, IL 62863)

BY Friday, April 26<sup>th</sup>, 2024