

Chamber Foundation of Effingham County
2018 COMMUNITY SCHOLARSHIP PROGRAM

Adult Education Application

QUALIFYING CRITERIA:

- Must be a member (in good standing) of the Effingham County Chamber of Commerce, or an employee or spouse/child of a member or employee.
- Must be 18 years of age or older.
- Must enroll or be enrolled in an accredited college/university/technical training school by Fall 2018.

REQUIREMENTS:

Applicant must submit the following to scholarship committee by **Monday, April 2, 2018.**

1. Completed, typed application (*May attach answers to application. Please observe space limitations. Applications available online at www.effinghamcountychamber.com)*
2. One letter of recommendation (Ex: employer, business associate, clergy, school administrator, or teacher)

APPLICANT NOTIFICATION: Applicants will be notified of continued consideration by the end of April. **Finalists are required to participate in an interview process scheduled for Monday, April 30 and will be notified of the results within two days after the interviews.**

SCHOLARSHIP AMOUNT: \$1,000

USE OF FUNDS:

The scholarship funds are to be used for tuition, books and fees only. The funds may be also be utilized for workbooks and supplies at the campus bookstore. Funds are paid directly to the college upon receipt of enrollment verification.

Please check if you've previously received a Chamber Scholarship.

Please check if you've been a finalist for a Chamber Scholarship.

Name: _____

Address: _____ Phone: _____

City/State/Zip _____

Age: _____ Marital Status: _____ # & ages of children: _____

College/Training institute you attend or plan to attend: _____

Are you currently enrolled in a course of study? Yes _____ No _____

Expected course of study: _____

Other financial aid you have received or applied for: _____

(Chamber Member Company Name)

(Applicant Signature)

(Validating Signature of Chamber Member*)

(Date)

(Print Name and Position of Person Signing the Form)

(Date)

Return completed application and required data to:
Chamber Foundation of Effingham County
P O Box 643
903 N Keller Dr.
Effingham, IL 62401
Call 217.342.4147 for questions

***Application must be signed by a Chamber member owner, manager or personnel manager to be considered for scholarship.**

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Adult Education Application (cont'd)

Please explain your reason for applying and why you believe you should be selected for this scholarship. Comments should be **typed** in the space below. **Limit your comments to this page.** *(May attach answers to application if typewriter is not available. Please observe space limitations.)*

Describe current and future goals (include information on community service/involvement).

Personal, family and educational background:

Employment history:

Company	Position (s) Held	Dates Employed