



SPARTA AREA CHAMBER OF COMMERCE SCHOLARSHIP APPLICATION

General Information

Please print or type

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Email _____

Date of Birth: _____

Date of Graduation: _____

College, University, Community College or Vocational School you plan to attend: _____

_____ Colleges, Universities, Community Colleges, or Vocational Schools you are applying to for admission: _____

PLEASE ATTACH HIGH SCHOOL TRANSCRIPT TO APPLICATION

Work Experience:

Honors and Awards:

School Participation:

Community Service:

Written Statements:

1. What is your goal for yourself for the future?

2. What steps have you taken so far to help you reach that goal?

Essay:

On a separate sheet, please respond to the questions listed below:

1. What does the future of Sparta look like to you? What changes would you like to see for Sparta, and what would you like to see preserved?
2. Why should the Chamber of Commerce select you for this scholarship?

I certify the above statements are true, and if awarded the Sparta Area Chamber of Commerce Scholarship, I will enroll in a college, university, community college or vocational school upon my high school graduation.

Signature of Applicant

**THIS APPLICATION, INCLUDING TRANSCRIPT, MUST BE RETURNED BY
APRIL 15. LATE OR INCOMPLETE PACKAGES WILL BE DISQUALIFIED.
NO EXCEPTIONS.**

Mail To:

Scholarship

Sparta Area Chamber of Commerce

PO BOX 93

SPARTA, IL 62286