



Scholarship Application

Please return completed application postmarked no later than April 1 to:

Summersville Area Chamber of Commerce/Scholarship Fund

P.O. Box 567

Summersville, West Virginia 26651

E-mail: info@thesummersvillechamber.com

Part 1-Applicant Information

Full Name _____
(last) (first) (middle)

Address _____ City, State, Zip _____

Home Telephone _____ Cell Phone _____

Current Age _____ Date of Birth _____ / _____ / _____

High School Name _____ Guidance Counselor _____

Part 2-Parent or Guardian Information

Father's Name _____ Contact Phone # _____
(last) (first) (middle)

Employer _____

Mother's Name _____ Contact Phone # _____
(last) (first) (middle)

OR Legal Guardian _____ Contact Phone# _____
(last) (first) (middle)

Relationship to Applicant _____

Employer _____

Student's Household Gross Annual Income _____ How Many Members in Household _____ [cont.](#)

Part 3- College Information

Name of College or University you plan to attend (if unknown, please list in order of preference the schools you have applied) Use Official School Names

_____ City, State _____ Accepted: _____

_____ City, State, Zip _____ Accepted: _____

_____ City, State, Zip _____ Accepted: _____

Other Scholarships or Financial Aid Applied For/Received:

Type of Scholarship/Aid	Application Pending	Aid Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

Currently Employed? If so, state employer's name, dates and hours worked.

Extracurricular and Community Activities

Please list all school and community activities in which you have participated during the past four years. Indicate awards, honors, and offices held. Please feel free to attach a list to this application if necessary.

All information included in this application is, to my knowledge, true and complete.

(Signature of Applicant)

(Date)

Attach:

- 8 One page letter describing what higher education will mean to you in the future and how will it affect your life and the lives of others
- 8 A transcript of your high school grades
- 8 At least one recommendation

Return the completed application by April 1 to:
Summersville Area Chamber of Commerce
PO Box 567
Summersville, WV 26651

You will be notified concerning the location, date, and time of your personal interview.

Thank you for application!