



FENTON AREA CHAMBER OF COMMERCE (FACC) 2018 SCHOLARSHIP FUND APPLICATION FORM

Note: Please print in ink or type on application. Complete ALL items. Attach additional pages if necessary and label them with headings as well as with your full name.

The FACC Scholarship Application Requirements

- Applicants must currently be a High School Senior planning to attend a 2 or 4 year college or Trade School.
- Applicants must live in the 63026 Zip Code and/or applicant's parent(s) must be a FACC Chamber Member in good standing or employed by a FACC Member in good standing.

A. APPLICANT'S PERSONAL INFORMATION

(1) NAME:

LAST

FIRST

MIDDLE

(2) PERMANENT ADDRESS:

STREET

CITY

STATE

ZIP CODE

(3) TELEPHONE #:

(4) EMAIL ADDRESS:

(5) DATE OF BIRTH:

(6) AGE:

(7) YEARS AS A MISSOURI RESIDENT:

(8) U.S. CITIZEN: YES ___ NO ___ HAVE APPLIED ___

B. APPLICANT'S EDUCATIONAL INFORMATION

(9) HIGH SCHOOL:

(10) ADDRESS:

(11) TELEPHONE NUMBER:

(12) GRADUATION DATE:

(13) ACT OR SAT – INDICATE MOST RECENT SCORE AND DATE TAKEN:

ACT: _____ DATE: _____ SAT: _____ DATE: _____

(14)

PLEASE SUBMIT COMPLETED APPLICATION WITH AN OFFICIAL HIGH SCHOOL TRANSCRIPT THROUGH JANUARY 2018.



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C. PARENT(S)' STATUS

(15) NAME OF PARENT/GUARDIAN #1:

(16) ADDRESS (IF DIFFERENT FROM APPLICANTS):

STREET CITY STATE ZIP CODE

(17) EDUCATION (HIGHEST LEVEL ATTAINED):

HIGH SCHOOL ___ COLLEGE ___ DEGREE ___

(18) OCCUPATION:

(19) EMPLOYER:

(20) NAME OF PARENT/GUARDIAN #2 (IF APPLICABLE):

(21) ADDRESS (IF DIFFERENT FROM APPLICANT):

STREET CITY STATE ZIP CODE

(22) EDUCATION (HIGHEST LEVEL ATTAINED):

HIGH SCHOOL ___ COLLEGE ___ DEGREE ___

(23) OCCUPATION:

(24) EMPLOYER:

(25) PARENTS' STATUS:

MARRIED___ SEPARATED ___ DIVORCED___ NOT MARRIED ___
MALE PARENT DECEASED ___ FEMALE PARENT DECEASED ___

D. OTHER FAMILY MEMBER(S)

(26) SIBLING NAME	AGE	SCHOOL ATTENDING



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E. APPLICANT'S SCHOOL ACTIVITIES

(27) LIST MAIN SCHOOL ACTIVITIES BELOW IN WHICH YOU HAVE PARTICIPATED TO A SIGNIFICANT DEGREE AND TO WHICH YOU HAVE MADE A POSITIVE CONTRIBUTION:

ACTIVITY	POSITION HELD	YEAR(S) PARTICIPATED FR SOPH JR SR	RECOGNITION

(28) LIST BELOW ANY HONOR(S) OR AWARD(S) YOU HAVE RECEIVED:

HONOR/AWARD	REASON FOR RECOGNITION	YEAR AWARDED

F. APPLICANT'S COMMUNITY SERVICE/VOLUNTEER ACTIVITIES

(29) LIST ANY COMMUNITY SERVICE PROJECTS OR VOLUNTEER PROGRAMS IN WHICH YOU HAVE PARTICIPATED TO A SIGNIFICANT DEGREE AND TO WHICH YOU HAVE MADE A POSITIVE CONTRIBUTION:

ACTIVITY	ORGANIZATION OR NONPROFIT	YEAR(S) PARTICIPATED FR SOPH JR SR	APPROXIMATE TOTAL HOURS PARTICIPATED PER YEAR

G. APPLICANT'S LEADERSHIP ACTIVITIES

(30) LEADERSHIP POSITION ORGANIZATON OR CLUB YEAR OF PARTICIPATION

(30) LEADERSHIP POSITION	ORGANIZATON OR CLUB	YEAR OF PARTICIPATION



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H. APPLICANT'S FUTURE

(31) WHAT ACADEMIC/TECHNICAL PROGRAM OR MAJOR ARE YOU NOW CONSIDERING?

(32) WHAT DO YOU NOW SEE AS YOUR FUTURE OCCUPATION/PROFESSION?

I. APPLICATION TO COLLEGE/UNIVERSITY/TECHNICAL SCHOOL

(33) LIST, IN ORDER OF PREFERENCE, THE NAMES OF THE COLLEGES/UNIVERSITIES/TECHNICAL SCHOOLS, TO WHICH YOU HAVE APPLIED. IF YOU HAVE MADE YOUR FINAL DECISION PLEASE MARK THE INSTITUTION WITH AN * :

COLLEGE/UNIVERSITY, TECHNICAL OR VOCATIONAL SCHOOL	ADDRESS

(34) ADMISSION DECISION: _____ DATE ACCEPTED: _____

J. PAID WORK EXPERIENCE

(35) LIST YOUR PAID (FULL OR PART TIME) WORK EXPERIENCE BELOW, INCLUDING FAMILY BUSINESS. IF NOT EMPLOYED, DESCRIBE BELOW THE USE OF YOUR SUMMER AFTER YOUR JUNIOR YEAR. IF NOT APPLICABLE, PLEASE CONTINUE ON TO SECTION K.

A) COMPANY OR EMPLOYER		JOB DESCRIPTION	
DATE OF EMPLOYMENT- FROM _____ TO _____		HOURS PER WEEK	
PAY PER HOUR	SUMMER WORK ONLY?		

B) COMPANY OR EMPLOYER		JOB DESCRIPTION	
DATE OF EMPLOYMENT- FROM _____ TO _____		HOURS PER WEEK	
PAY PER HOUR	SUMMER WORK ONLY?		

C) COMPANY OR EMPLOYER		JOB DESCRIPTION	
DATE OF EMPLOYMENT- FROM _____ TO _____		HOURS PER WEEK	
PAY PER HOUR	SUMMER WORK ONLY?		



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K. USE THE FOLLOWING SPACE TO EXPLAIN HOW YOU SPENT YOUR SUMMER AFTER YOUR JUNIOR YEAR, IF YOU DID NOT WORK FOR WAGES:

(36)

L. FINANCIAL INFORMATION

(37) STUDENT AID REPORT (SAR): The SAR is the document resulting from the completion of the Free Application for Federal Student Aid (FAFSA). We expect all students seeking financial aid to complete the FAFSA. **Once you have completed the FAFSA, please attach to this scholarship application the portion of your Student Aid Report which shows your Application Receipt Date along with your Expected Family Contribution (EFC).**

(38) Are you the first in your family to attend college or a postsecondary institute? Yes ____ No ____

(39) TOTAL FAMILY INCOME: \$_____

(40) EXPECTED FAMILY CONTRIBUTION FROM FAFSA: \$_____

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M. ESSAY 1

(41) IN 300 WORDS OR LESS, PLEASE SHARE INFORMATION REGARDING ANY FINANCIAL CIRCUMSTANCES IMPACTING YOUR ABILITY TO PAY FOR COLLEGE.

N. ESSAY 2

(42) IN 300 WORDS OR LESS, PLEASE ASSIST THE COMMITTEE IN UNDERSTANDING YOU AND YOUR PERSONAL GOALS, ALONG WITH WHY YOU THINK YOU SHOULD BE CONSIDERED FOR THIS SCHOLARSHIP.



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(43) SPACE FOR ADDITIONAL INFORMATION IF NEEDED

THE FENTON AREA CHAMBER OF COMMERCE SCHOLARSHIP FUND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, CREED, NATIONAL ORIGIN, SEX OR CONDITION OF HANDICAP IN THE ADMINISTRATION OF ITS SCHOLARSHIP PROGRAM.

YOUR SIGNATURE AT THE END OF THIS APPLICATION AUTHORIZES THE FENTON AREA CHAMBER OF COMMERCE AND ITS SELECTION COMMITTEE TO EXAMINE YOUR ACADEMIC, FINANCIAL AND PERSONAL RECORDS AND TO RELEASE PERTINENT DATA TO THOSE INVOLVED WITH THE SCHOLARSHIP FUND PROGRAM. YOUR SIGNATURE ALSO AUTHORIZES THE FENTON AREA CHAMBER OF COMMERCE TO VERIFY ANY INFORMATION PERTAINING TO YOUR APPLICATION.

REVIEW APPLICATION TO ENSURE ALL AREAS ARE COMPLETED.
THIS APPLICATION MUST BE POSTMARKED BY: MIDNIGHT - MARCH 28, 2018
MAIL THIS APPLICATION FORM TO THE FOLLOWING ADDRESS:

FENTON AREA CHAMBER OF COMMERCE
SCHOLARSHIP FUND
1400 SOUTH HIGHWAY DRIVE, SUITE 99
FENTON, MO 63099

**QUESTIONS?
CALL 636-717-0200**

APPLICANT'S AUTHORIZED SIGNATURE