

**Boca Grande Area Chamber of Commerce Scholarship Fund, Inc.**  
PO Box 704, Boca Grande, FL 33921  
Phone: 941-964-0568

**SCHOLARSHIP APPLICATION**  
**(Application Deadline is March 21, 2016)**

**Personal Data:**

Legal Name of Applicant \_\_\_\_\_  
(first) (middle) (last)

Home Address \_\_\_\_\_  
(street)

\_\_\_\_\_  
(town) (state) (zip code)

Mailing Address \_\_\_\_\_  
(PO Box)

\_\_\_\_\_  
(town) (state) (zip code)

Length of time at this address \_\_\_\_\_

Home phone: \_\_\_\_\_ Social Security # \_\_\_\_\_

**Family Information:**

Name of Father or Male Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Length of time parent/guardian at this address \_\_\_\_\_

Name of Mother or Female Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Length of time parent/guardian at this address \_\_\_\_\_

**Education Data:**

Name of High School: \_\_\_\_\_ Year Graduating \_\_\_\_\_

Weighted grade point average: \_\_\_\_\_ Class Rank \_\_\_\_\_ of \_\_\_\_\_

Test scores: SAT \_\_\_\_\_ = \_\_\_\_\_ ACT \_\_\_\_\_  
(verbal) (math) (total) (comp)

**Non-Resident Student:**

**Attach letter of recommendation from Chamber Business Member Sponsor**

School (college, university or vo-tech) you plan to attend in September. List schools in order of preference. If you wish, you may list only one.

	NAME OF SCHOOL	CITY	STATE
1 <sup>st</sup> choice	_____	_____	_____
2 <sup>nd</sup> choice	_____	_____	_____
3 <sup>rd</sup> choice	_____	_____	_____

Anticipated school major: \_\_\_\_\_

**Work Experience:**

List any job (including summer employment) you have had during the past 3 months.

Employer	Type of Work	Length of Employment	Hrs/Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Extracurricular & Community Volunteer Service:**

List school activities and community volunteer services in which you have participated during the last four years. Attach an additional sheet if needed.

**Career Plans:**

**Personal Statement:**

Attach your personal statement (300 words or less) describing your reasons and needs for desiring scholarship assistance. Include any unusual circumstances.

**MY SIGNATURE BELOW INDICATES THAT ALL THE INFORMATION  
CONTAINED IN THIS APPLICATION IS COMPLETE, FACTUALLY  
COMPLETE, AND HONESTLY PRESENTED.**

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(Student Signature) (Date)

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(Parent or Guardian Signature) (Date)