

**MADISON COUNTY CHAMBER OF COMMERCE SCHOLARSHIP PROGRAM
APPLICATION**

This application is available electronically at:
http://www.madisoncounty-nc.com/info/scholarship_app.htm

This application will not be considered complete without the following attachments:

1. High school or college transcript, whichever is most recent.
2. Two (2) letters of reference from someone other than a family member; preferably one educational reference and one from someone in your community. Letters must include the contact telephone number of the individual writing the letter.
3. Evidence of college acceptance for the coming fall.
4. Short essay of no more than one page (single spaced) stating why you plan to return to work in Madison County upon completion of college.

ALL information must be complete before application will be considered. Please print legibly.

NAME: _____
First Middle Last Suffix Name Used

MAILING: _____
ADDRESS *Street or PO Box City State Zip Code*

Date of Birth: _____ Phone: _____ (H) _____ (Other) Years residency in Madison Co: _____

Father's Name: _____ Occupation: _____ Highest Education Level: _____

Mother's Name: _____ Occupation: _____ Highest Education Level: _____

Graduation date: _____ High School GPA: _____ High School name and location: _____

Have you taken any colleges classes? No Yes, where _____ Cumulative College GPA: _____

College Enrollment Date: _____ Est. Completion Date: _____ Program/Major: _____

Other Post-Secondary Education/Training (if applicable): _____

Number of family members currently in college besides yourself: _____

Please briefly explain your educational goals: _____

Are you currently employed: No Yes (If yes, please list your employment history.)
Employed by: _____ Position: _____ Dates: _____

Employed by: _____ Position: _____ Dates: _____

Briefly explain your career goals: _____

Please list any hobbies, special interests, organizations, etc. that you may have. _____

Describe your community service, including dates: _____

Please list all other types of assistance (including federal, state, and local) scholarships or grant funds for which you have applied or plan to apply. Please identify any which you have been awarded. _____

Please list any important factors that you would like to be considered when reviewing your application or worthiness for this scholarship. _____

Do you plan to remain in or return to Madison County upon completion of your education? *Please attach a one page, single spaced essay in response to this question.*

By my signature below, I declare that to the best of my knowledge and belief the information given here is true, correct and complete. Should I be awarded a Madison County Chamber of Commerce Scholarship, I understand that a check for standard college costs (tuition, fees, books, meal plan) will be sent to me for attendance at the college of my choice. Also, I agree to send receipts to the Chamber of Commerce documenting how I spent these funds toward my college education.

Signature: _____ Date: _____

Witness Name _____ Signature: _____

Applications Must Be Postmarked By: April 30
(Recipient will be recognized at annual Scholarship Banquet in May.)

Please return to:
Chair, Scholarship Committee
Madison County Chamber of Commerce
PO Box 1085
Mars Hill, NC 28754

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| <p>Minimum Criteria for Scholarship:</p> <ol style="list-style-type: none">1. Must have been Madison County resident for at least one year prior to seeking this scholarship. (Living in Madison County temporarily to attend college does not meet this residency requirement.)2. Will be enrolled full-time (12 or more credit hours) for period covered by proposed scholarship3. Must have most recent GPA of 2.5 or more. |
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