FRANKLIN COUNTY CHAMBER OF COMMERCE JUNIOR LEADERSHIP SCHOLARSHIP DEADLINE MARCH 25, 2016

Application must be completed, no resumes

FRANKLIN COUNTY CHAMBER OF COMMERCE JUNIOR LEADERSHIP SCHOLARSHIP APPLICATION

(Print or Type)

Students Name:			
	(First)	(Middle)	(Last)
Home address:			
City/State/Zip:			
		Other Phone:	
School Presentl	y Attending:		_
Students Signat	ure:		
Parents Signatu	re:		
Principal/Couns	elor Signature:		
College, Universchool)	sity or other ed	ucational institute student plans to atte	end. (Indicate name and location of
First Choice:			
Second Choice:			
Third Choice: _			

OBJECTIVE CRITERIA LIST

I. College Entrance Examination Score: Act Composite Score
II. Students high school grade average, excluding spring semester of Senior year. Numeric Cumulative GPA Weighted GPA
III. Attach the Student's transcripts for Freshman, Sophomore, Junior and Senior years. Identify any advanced or honor courses below.
IV. Attach a copy of the Student's service hour sheets.
V. As a member of the Junior Leadership Program, how many service hours did you acquire?
VI. As a member of the Junior Leadership Program, what service hour experience meant the most to you?
FINANCIAL NEED Please complete the information requested below for financial need determination. (This information is considered completely confidential)
1. Number of dependents in household on last year's income tax return:
2. Gross family income as filed on last year's income tax return:
3. Adjustable gross family income as filed on last year's income tax return:
4. List the total number of dependents who will be attending college (including yourself) during the fall semester of the uncoming year:

which will affect your financial ability to attend college during the upcoming year.
HIGH SCHOOL EXTRACURRICULAR ACTIVITIES
Organizations and Clubs:
Indicate years of involvement and any offices held)
Honors and Awards:
Athletics and Band:
Community Involvement:

WORK ACTIVITIES

List all types of employment you have had during the past twelve months. Indicate the type of work, your employer's name and the number of hours worked per week.

Place of Employment	Type of Work	Hours		
				
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PERSONAL ESSAY				
T. d				
In the space provided below, please describe in 100 words or less in your own words and handwriting				
why you want to be a recipient of this scholarship, the course of study you plan to follow and your				
proposed occupation. Remember; do not sign your name.				
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Include with your application two letters of recommendation; one from a teacher in your high school and one from an individual or group, other than a relative, you served as a Junior Leader.