

**FRANKLIN COUNTY  
CHAMBER OF COMMERCE  
JUNIOR LEADERSHIP SCHOLARSHIP  
DEADLINE  
MARCH 13, 2020**

*Applications must:*

- 1. Be printed only on one side of page (not front & back).*
- 2. Be paper clipped, not stapled.*
- 3. Be mailed or delivered in manila envelopes.*
- 4. Be left flat, not folded.*
- 5. Be complete to be considered (no resumes).*
- 6. High School Transcript (signed by school counselor).*
- 7. Include two letters of recommendation; one from a teacher in your high school and one from an individual, other than a relative, you served as a Junior Leader.*

**Franklin County Chamber of Commerce  
P.O. Box 44  
103 North Jackson Avenue  
Russellville, AL 35653**

**FRANKLIN COUNTY CHAMBER OF COMMERCE  
JUNIOR LEADERSHIP SCHOLARSHIP APPLICATION**

(Print or Type)

Students Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

Students Signature: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Principal/Counselor Signature: \_\_\_\_\_

College, University or other educational institute student plans to attend. (Indicate name and location of school)

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Applicant Number \_\_\_\_\_  
(To be completed by Chamber)

# 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.

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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?

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## 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. List the total number of dependents who will be attending college (including yourself) during the fall semester of the upcoming year: \_\_\_\_\_

Please provide any additional information or explanation in the space below to clarify any circumstances which will affect your financial ability to attend college during the upcoming year.

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**HIGH SCHOOL EXTRACURRICULAR ACTIVITIES (Grades 9-12)**

Organizations and Clubs:

(Indicate years of involvement and any offices held)

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Honors and Awards:

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Athletics and Band:

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Community Involvement (be specific):

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