



West Haven Chamber of Commerce Foundation

SCHOLARSHIP PROGRAM RULES

1. The applicant must be High School Senior or entering the freshman year of college.
2. The applicant must be a resident of the City of West Haven.
3. The applicant shall fill out the application as directed. Applications may be obtained from school Guidance Counselors, the Chamber of Commerce Foundation or the West Haven Chamber of Commerce website.
4. The applicant must be accepted by an accredited post-secondary school and submit a statement of intent to attend such school prior to the awarding of the Scholarship. Proof will be required.

► IMPORTANT: Scholarships in the amount of \$1,000 or under will be awarded at the Scholarship presentation and made payable to the student. Scholarships over \$1,000 will be made payable to the college, unless otherwise directed by the donor.
5. The application must be submitted to the Chamber of Commerce Foundation and postmarked no later than May 1st.
6. The applicants must be aware that any application received incomplete or late will not be considered eligible to receive a scholarship.
7. The following will be considered in the awarding of the scholarship:
 - a. Scholastic Aptitude
 - b. Community Involvement
 - c. Extracurricular Activities
 - d. Financial Need
8. The selection committee shall be the sole judge of the winning recipients.
9. A complete application will consist of:
 - a. Completed application form
 - b. Official transcript of the applicant's grades
 - c. Applicant's class standing
 - d. Copy of the applicant's most current FAFSA form.
 - e. An essay on applicant's past achievements and future aspirations. Essay must be double spaced, no less than one page in length but not more than 2 pages. College Essays meeting these requirements are acceptable.



West Haven Chamber of Commerce Foundation

SCHOLARSHIP APPLICATION

Qualifications: Please refer to the West Haven Chamber of Commerce Foundation Annual Scholarship Program Rules before completing and returning this form.

All Applications must be postmarked no later than May 1st

General Applicant Data:

Name: _____ Date of Birth: _____

Address: _____ Telephone: (203) _____

Email: _____

College/ University Information *(School Scholarship is intended for)*

Name: _____

City/State: _____

Type of College or school (4 year, 2 year, vocational, academic): _____

Have you already been accepted? Yes No Intended Major: _____

Tuition Fee (1 year): _____ Room & Board Fee: _____

High School Information and Applicant Academic Status:

School: _____

Address: _____

City _____ State: _____ Zip: _____

Guidance Counselor: _____

***** Please Include Essay with Application *****

List Civic/ Community Involvement:

List all extracurricular activities that you have been involved with, including academic, athletic, social, honors, and awards (attach additional sheet if necessary).

List full or part time employment, including duties:

List other financial aid or scholarship you have applied for or received:



West Haven Chamber of Commerce Foundation

SCHOLARSHIP APPLICATION

Parent(s) / Guardian(s) Financial Data:

Parent(s) / Guardian(s) Name: _____

Address: _____ Own Rent

Marital Status of Parent or Guardian:

() Married () Divorced () Separated () Widowed () Single

Parent(s) / Guardian(s) Occupation & Employer:

Parent(s) / Guardian(s) Occupation & Employer:

Adjusted Annual Combined Income- (Found on Form 1040): _____
(Subject to verification)

List other dependents supported by Parent(s)/Guardian(s):

Name: _____ Age: _____ School: _____ Annual Tuition: _____

Name: _____ Age: _____ School: _____ Annual Tuition: _____

Name: _____ Age: _____ School: _____ Annual Tuition: _____

Name: _____ Age: _____ School: _____ Annual Tuition: _____

► Have you filed for FAFSA form with the college scholarship service? Yes No
(If yes, please enclose a copy of the form along with the application)

Please describe briefly any special financial circumstances that you believe will help the selection committee in making their decisions:

Certification:

I, the undersigned applicant certify that all answers given herein are true and complete to the best of my knowledge and are in accordance with the guidelines provided in this application. I understand that false or misleading information given in this application may result in disqualification for the award.

Signature of the applicant: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____