

**WEST OF THE RIVER CHAMBER OF COMMERCE  
SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Career Goals (Explain briefly why and how you chose your career goal): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School and Program Selected: \_\_\_\_\_

\_\_\_\_\_

Accepted: Yes \_\_\_\_\_ Pending \_\_\_\_\_

Estimated cost for one academic year: \_\_\_\_\_

A brief statement of why you need financial help: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extra-Curricular, Student and Community Activities (include any business club activities/sports):

\_\_\_\_\_  
\_\_\_\_\_

(continue on back of page if more space is needed)

PLEASE DO NOT STAPLE ANY OF YOUR PAPERWORK

**I hereby certify that the information provided to the West of the River Chamber of Commerce in this application is true and accurate.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**