

# DeKalb Chamber Partnership Scholarship

## **About the Donor**

The DeKalb Chamber Partnership connects business, community, and education in DeKalb County. When there is a skilled, educated job pool, our businesses thrive and with business prosperity comes strong community through job creation, philanthropic endeavors, and more. The Chamber has partnered with Learning Link DeKalb County on education initiatives resulting in the School-Business Partnership committee and the DeKalb County Career Development Expo. It is our goal to maintain DeKalb County as a quality, enjoyable place to live, work, and play.

## **Eligibility Criteria**

This scholarship is a one-time award to a graduating senior at each of the following schools: **DeKalb High School, Eastside High School, Garrett High School, and Lakewood Park Christian School (DeKalb County residents only)** in the amount of \$500. Applicants may pursue any field of study at any post-secondary institution.

Applicant must also:

- Be a resident of DeKalb County, Indiana
- Enroll at an accredited post-secondary institution

Selection will be awarded on the basis of job/internship experience, service to the school or community, and career goals.

**Required Forms** (Complete and print the forms; submit the forms in the order listed.)

- Scholarship Cover Page
- Completed Application
- Essay

## **Deadline to Apply**

Submit the printed forms to the high school guidance office by the deadline posted on the website.

# DeKalb Chamber Partnership Scholarship

## Cover Page

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

High School \_\_\_\_\_

All information provided is kept confidential to protect your privacy.

### **Release of Records/Disclosure Agreement**

I grant permission for the high school guidance office to release a copy of my transcript to the individual or group responsible for awarding this scholarship.

I certify that all information given in every part of this application is true. I understand that falsification of information may result in termination of any scholarship awarded.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ (mm/dd/yyyy)  
High School: \_\_\_\_\_ Graduation Year \_\_\_\_\_  
DeKalb County, Indiana Resident: \_\_\_\_\_ United States Citizen: \_\_\_\_\_ Gender: \_\_\_\_\_

## FAMILY INFORMATION

Name of father, stepfather or guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Name of mother, stepmother or guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Check if applicable:  Father deceased  Mother deceased  Parents divorced  
Ages of other children in your family: \_\_\_\_\_ # of family members in college: \_\_\_\_\_

## COLLEGE INFORMATION

Year in college (upcoming academic year): \_\_\_\_\_  
College or University attending: \_\_\_\_\_  
City and State of School: \_\_\_\_\_  Full-time  Part-time  
Major field of study: \_\_\_\_\_  
If part-time, # of credit hrs per sem.

## CAREER GOALS

Write a brief statement describing your career goals in the space below

Last Name:

First Name:

**SCHOOL ACTIVITIES**

List your extracurricular activities in the order of importance to you.

Activity	Grade Participated (9,10,11,12)	Role or Leadership Position Held

**AWARDS AND HONORS**

List any awards and honors you have received during high school.

Award or Honor Received	Grade	Criteria Award Based On

**COMMUNITY SERVICE**

These volunteer services must have taken place **outside** of school hours.

Organization	Grade	Description of Services	Hours (Total or per week)

**EMPLOYMENT AND INTERNSHIPS**

List your work and/or intern experience beginning with the most recent position.

Organization	Type of Work	Dates Employed or Internship	Hours (Total or per week)

# ESSAY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

*Write your essay in the space provided below. The margins, font and font size are set and should not be changed.*

Who or what inspired you to study in the field you have chosen? Aside from academics, how have you prepared yourself and what more do you plan to do to prepare for a career?

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