

# DeKalb Chamber Partnership Scholarship

## **About the Donor**

The DeKalb Chamber Partnership exists to connect business, community, and education in DeKalb County. We are a champion for business, catalyst for community, and convener for education. We believe investing in today's students will produce quality talent tomorrow. The Chamber bridges the gap between employer and educator and opens the lines of communication in hopes of better preparing students for the workforce. Our educational collaborations have led to milestone achievements in DeKalb County.

## **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, Hamilton High School, and Lakewood Park Christian School** 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 your essay score, job/internship experience, service to the school or community, and career goals.

**Required Forms** Required forms: (complete, print and submit the forms in the order listed.)

- Scholarship Cover Page
- Completed Application
- Essay

## **Deadline to Apply**

Deadline is January 31st. Please submit your application and required documents to [Program@CFDeKalb.org](mailto:Program@CFDeKalb.org).

## **Additional Information**

Scholarship recipients may be asked to provide a photo and a bio, and participate in a video interview.

# 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.

Your essay score counts for 1/3 of your application score. Be sure to answer all of the questions using your best content.

***Who or what inspired you to study in the field you have chosen? Aside from academics, how have you prepared yourself for college? How did your community service or work experience prepare you for your career path? What more do you plan to do to prepare for a career?***

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