

2019 SCHOLARSHIP APPLICATION



EASTON CHAMBER OF COMMERCE COMMUNITY SERVICE AWARD

\$750.00

Contact: Kerri Nichols, Program Director
Easton Chamber of Commerce, P.O. Box 69, Easton, MA 02334
Ph. 508-238-2225, info@easton-chamber.com, www.easton-chamber.com

2019 Community Service Scholarship Application – *Complete all four pages*

INSTRUCTIONS – Application must be filled out by applicant. Please read all instructions before completing this form.

1. Make sure you are eligible. **Applicants must be individuals enrolled in grade 12 and must reside in Easton.**
2. Make sure your activity is eligible. **Must be a service activity that supported the local community and its citizens.**
Activity should have been performed at least in part in the current year
3. Applicants for this award must be pursuing an education at an accredited institute of higher learning.
4. Proof of acceptance to an institute of higher learning will be required prior to disbursing the scholarship money.
5. Fill out the four-page application form completely and accurately in your own words in the space provided.
 - Use a computer or a black ball-point pen (if using a computer, tape or paste each answer in at least a 10-point font beneath each question). **Do not attach additional sheets.**
 - Applications must be written in English or translated into English prior to submission.
 - Applications filled out by a parent or other adult will be disqualified.
 - All information provided is subject to verification: **False, inaccurate, illegible, or reformatted applications will be disqualified.**

Application must be submitted to the Guidance Office by December 2, 2019.

APPLICANT INFORMATION *Please print clearly.*

Applicant's name _____

Home Address _____

____ Male ____ Female _____

Applicant's Phone _____ Applicant's e-mail address _____

School currently attending _____

Names of parents/guardians _____

Parent/guardian work phone _____

PROJECT SUMMARY

Briefly answer the following questions **within the space provided** (no additional sheets) then provide more detail in the following sections.

What was your volunteer community service project?

How did you become involved in this project?

What role did you play in the project?

Approximately how many hours did you spend on this project? __0-49 __50-74 __75-99 __100-174 __175+

When did you start working on the project? _____ How long did it last? _____

APPLICANT AGREEMENT *Must be completed by applicant and parent/guardian.*

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

REQUIRED CERTIFICATION

**ALL APPLICANTS MUST BE CERTIFIED BY THE HIGH SCHOOL GUIDANCE,
HIGH SCHOOL PRINCIPAL, OR HEAD OF THE ORGANIZATION REPRESENTED**

Please print clearly.

Certifiers Name __ Mr. __ Ms. __ Dr. _____
Last Name First Name

Name of School or Organization _____

Address _____
Street City/Town State Zip

Telephone Number _____ Fax Number _____

E-mail address _____

I certify that the individual named in this application represents this school or organization.

Signature _____ Date _____

The applicant selected for this award will be honored at the annual Easton Chamber of Commerce **Business Appreciation Night** scheduled for **Thursday, January 30, 2020**. This event will be held at the Easton Country Club and is complimentary attendance for the recipient and their family.

Contact: Kerri Nichols, Program Director
Easton Chamber of Commerce, P.O. Box 69, Easton, MA 02334
Ph. 508-238-2225, info@easton-chamber.com, www.easton-chamber.com