

The *Chamber*

— Montgomery County Chamber of Commerce —



Scholarship Application

2009/2010

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The Montgomery County Chamber of Commerce Scholarship Application

The Montgomery County Chamber of Commerce has established a \$500.00 scholarship for the 2009 - 2010 academic year. Listed below are the eligibility requirements for this scholarship.

REQUIREMENTS:

- ✓ Be a resident of Montgomery County and a graduating senior from a Montgomery County High School
- ✓ Show combination of need, merit, and community service
- ✓ Enrolled and matriculated at FMCC in any field of study
- ✓ Free Application for Federal Student Aid must be on file at the time of application
- ✓ Complete Essay, minimum of 100 words, on reverse side (use additional sheets if necessary)
- ✓ Include copy of transcript
- ✓ Submit two references using forms provided with scholarship application

The award will be issued for the 2009-2010 academic year in the amount of \$250 per semester for a total award of \$500.00 to be applied to the student's tuition per semester. Awards will be made for the fall semester and they will be re-evaluated for the spring.

Please direct questions to The Chamber, 853-1800.

To apply please complete the form on the reverse side and return by April 30, 2009 to:

Financial Aid Office
Fulton-Montgomery Community College
2805 St. Hwy. 67
Johnstown, NY 12095
Att: Montgomery County Chamber Scholarship

Applications MUST BE COMPLETE to be considered!

The committee reserves the right to interview finalists

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APPLICANT'S FULL NAME _____

PARENT/GUARDIAN'S NAME _____

COMPLETE MAILING ADDRESS _____

SCHOOL DISTRICT _____ SS# _____

PHONE # _____

Essay: Why is this scholarship important to you? How will it help you to achieve your career goals? (100 Words minimum--Use additional paper if necessary.)

List Community and School Service Activities and Employment You Have Been Involved With Over The Past 3-4 Years (Use additional paper if necessary.)

I certify that I meet the criteria established for this scholarship. I understand that all information provided is considered confidential. I also understand that I must provide documentation that may be requested by the Financial aid Office and the Scholarship Review Committee. I also authorize the Scholarship Committee to review all of my academic records. If I am granted a Scholarship, I give permission for my name to be released to the media and to the funding organization.

SIGNATURE _____ DATE _____