

**St. Joseph Chamber of Commerce  
Student Scholarship Application  
Application Deadline: March 31, 2018  
Drop off at: SJO Guidance Office or St. Joseph Township Library,  
or mail to: Scholarship Application, PO Box 816, St. Joseph, IL 61873,  
or email to: admin@stjoechamber.org**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Major Course of Study in High School: \_\_\_\_\_  
Grade Point Average: \_\_\_\_\_ School Days Missed this Year: \_\_\_\_\_  
If over 5 days missed, please explain why: \_\_\_\_\_  
\_\_\_\_\_

**College Plans**

I plan to attend \_\_\_\_\_ college/university/trade school. My primary course of study will be in the field of \_\_\_\_\_.

I have participated in the following extracurricular activities while in high school (indicate any offices held)  
List each organization only 1 time:

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

(use additional paper if necessary)

I have participated in the following community (not school-related) activities. Be specific -- organization, time spent, positions held, accomplishments, etc.

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

(use additional paper if necessary)

List other scholarships for which you have applied?

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

List three personal references. (The person should have known you for at least three years. No more than one teacher permitted.)

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Attach the following:

1. Personal Statement including accomplishments, expectations, and short term goals (where do you see yourself this time next year) and long term goals (where do you see yourself in 10 years). Please include information on how the scholarship will be utilized. No longer than one standard sheet of paper double-spaced.

2. Transcript from High School

**Applicant must be resident of SJO School District and a senior at SJO.**