

# Twin Lakes Area Chamber & Business Association, Inc.

## 2011 Scholarship Program

### **DESCRIPTION OF PROGRAM**

Scholarships have been designated for 2 year and 4 year college and university bound students, those working on post graduate degrees and those obtaining education in trades and technology. The Scholarship Committee reserves the right to determine the amounts of the scholarship(s) awarded to qualified candidates, with the Committee's decision deemed as final.

The Twin Lakes Area Chamber & Business Association, Inc. Scholarship Committee will consider all items contained in the Scholarship Application without regard to income, gender, sexual orientation, ethnic origin, race, age, or religion. *Of particular interest to the Committee, but not limited to, will be students pursuing a career in the areas of business, technology or the trades.*

### **CRITERIA OF ELIGIBILITY AND EVALUATION**

**The scholarships are available if you meet the following criteria.** 1) Graduating Wilmot senior or any High School student residing in the Wilmot School district. 2) Any former graduate of Wilmot High School. 3) Also eligible are graduating high school students or high school graduates whose spouse, parents, siblings or grandparents are members of the chamber.

All applicants must submit a complete application packet consisting of:

1. Attached application;
2. High School Students provide official transcript, College students provide official High School and College Transcripts;
3. one essay, not to exceed 300 words, stating your educational and career goals, and the effect that community involvement and volunteerism has had and will have on these goals;
4. Two (2) letters that validate current volunteerism through Chamber involvement, school activities or any other act of volunteering or current employment. These letters should come from someone who is involved with the activity and has direct knowledge of your participation. Letters must describe activity and validate your involvement.

All required information **must be attached** to the application. Applications *without* proper attachments will be considered incomplete and will be disqualified.

**\*APPLICATION DEADLINE: Applications, with proper attachments, must be mailed to:  
Twin Lakes Area Chamber & Business Association, Inc. (TLACBA) PO Box 64 Twin Lakes, WI 53181**

They must be **\*postmarked** no later than Friday, April 10, 2011. Notification to scholarship finalists will occur in May of 2011. Money will be disbursed to chosen applicant(s) upon receiving a copy of his/her first semester grades and second semester schedule.

TWIN LAKES AREA CHAMBER & BUSINESS ASSOCIATION, INC.  
2011 SCHOLARSHIP APPLICATION

Please type or print clearly. **Incomplete applications not accepted.**

PERSONAL DATA

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Relative of Twin Lakes Chamber Member: Child \_\_\_\_ Grandchild \_\_\_\_ Sibling \_\_\_\_  
Spouse \_\_\_\_

Member Name: \_\_\_\_\_

EDUCATIONAL DATA

High School: \_\_\_\_\_ GPA: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Post Secondary Education (if applicable):

Name: \_\_\_\_\_ GPA \_\_\_\_\_ Graduation Date: \_\_\_\_\_

List the schools to which you have applied and been accepted: \_\_\_\_\_

Major program of study: \_\_\_\_\_

(attach if necessary)

List School Activities: \_\_\_\_\_

(attach if necessary)

List Community Activities: \_\_\_\_\_

(attach if necessary)

List Employment (past and present): \_\_\_\_\_

(attach if necessary)

I, \_\_\_\_\_, state that all information contained herein is true and correct to the best of my knowledge. I hereby authorize the Scholarship Committee to contact schools and references to confirm or discuss any information herein.

(Signed): \_\_\_\_\_ Date: \_\_\_\_\_

All applicants currently under age 18 must have their application signed by a parent or guardian.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_