

## Rosemont Chamber of Commerce Scholarship Guidelines

The Rosemont Chamber of Commerce is offering two scholarships in the amount of \$2,000 each, to be awarded in May, 2010, to two deserving applicants. The scholarship committee has determined the parameters of the program as follows:

### Guidelines:

1. Applicants must be 16 years of age or older. The scholarship program is for a graduating high school senior, with no restrictions regarding race, religion, national origin, sex, or physical disability.
2. The scholarships are to be used for college courses/fees at an accredited institution, and the check must be payable to the specific institution.
3. Applicants must be employees or immediate family members of employees of a current Rosemont Chamber of Commerce member company in good standing, and must be validated by a Chamber member in good standing. An employee is defined as anyone who has worked for the company for one year at the time of application for the scholarship. An immediate family member is defined as son, daughter, sibling, mother, father, spouse, grandparent (if legal custodian for grandchild), or legal guardian.

### Procedures:

1. An application can be obtained from the Rosemont Chamber of Commerce website, or Chamber office. The form must be fully completed by the applicant and signed by the sponsoring Chamber member main contact for the company.
2. The applications must be received in the Chamber office by 4:00pm, March 31, 2010, along with an official high school transcript and a 500 word or less essay. Applicants are asked to compose an essay describing their career goal. Include information as to why you have chosen this profession and some of the things you have done to prepare for this career. (Application, essay, and transcript are to be sent together to the Chamber from the applicant by the deadline date.)

A letter of recommendation is required from a teacher, counselor, coach, or adult employer (excluding family members), and must be mailed under separate cover along with the Letter of Recommendation Form. This letter of recommendation must be signed in the presence of a Notary, and mailed to Pam Hogan, Rosemont Chamber of Commerce – 9501 W. Devon Ave. – Suite 700 – Rosemont, Il. 60018 By March 31, 2010.

4. The Rosemont Chamber Board of Directors, along with the Executive Director, will serve as the panel of judges to review the forms.

5. Evaluation of applicants will be through a blind process (no interview). Criteria for evaluation is based on essay content, school and civic activities, commitment to community service, employment information, and application completion.
6. The winners of the scholarships will be contacted the first week in May, once the committee has reviewed the applications and award recipients are selected.
7. Recipients will receive a scholarship check written to the accredited college or university of their choice.

### **REQUIREMENT CHECKLIST**

Incomplete applications will be disqualified

- \_\_\_\_\_ Essay - describing career goal
- \_\_\_\_\_ One letter of Recommendation from a teacher, counselor, coach, or adult employer (excluding family member), and must be notarized. Letter of Recommendation form and letter to be submitted together to the Chamber Office.
- \_\_\_\_\_ Validation signatures on Application for Scholarship.
- \_\_\_\_\_ Official high school transcript and grade point average.

### **DEADLINE TO RECEIVE APPLICATION PACKET (COMPLETED APPLICATION ALONG WITH ESSAY AND TRANSCRIPT) IS MARCH 31, 2010**

Return packet to:  
Pam Hogan  
Rosemont Chamber of Commerce  
9501 W. Devon Ave. – Suite 700  
Rosemont, Il. 60018

**SCHOLARSHIP WINNERS WILL BE ANNOUNCED ON  
MAY 1<sup>ST</sup>, 2010, ON OUR WEBSITE AND WILL BE  
HONORED AT THE 2010 CHAMBER GOLF OUTING  
ON JUNE 14, 2010.**

# Application for Scholarship

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*please print or type clearly*

## Applicant Data

Mr.  \_\_\_\_\_  
 Ms.  Name Last First Mi Social Security Number \_\_\_\_\_

Permanent Address Street City State Zip \_\_\_\_\_

Date of Birth month, day, year Telephone Number E-Mail Address \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_  
 Permanent Mailing Address of Parent/  
 Guardian if different from Applicant \_\_\_\_\_  
 Street City State Zip \_\_\_\_\_

## School Data

High School Attended \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Address Street City State Zip Telephone Number \_\_\_\_\_

Name of High School Principal \_\_\_\_\_

Name of Postsecondary School for which Applicant's Scholarship is requested: \_\_\_\_\_  
 4-Year College/University  Vo-Tech   
 Community College  Other   
 Accredited? Yes  No

Address Street City State Zip \_\_\_\_\_

Has Applicant been accepted?  Yes  No

Student Will:  Live on Campus  Live off Campus  Commute

Enrolled:  Less than Half-Time  Half-Time or more  Full-Time

Anticipated Date of Graduation from Postsecondary Program \_\_\_\_\_  
 Month Year

Major Field of Study Applicant plans to pursue \_\_\_\_\_

## Other Awards

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

| Name of Award | Amount | Grant | Pending |
|---------------|--------|-------|---------|
| _____         | _____  | _____ | _____   |
| _____         | _____  | _____ | _____   |
| _____         | _____  | _____ | _____   |

# Application for Scholarship

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*please print or type clearly*

## Personal Data

Describe your work experience during the past 4 years. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

| Position | Date From (mo/yr) | Date To (mo/yr) | Hours Per Week | Amount Earned |
|----------|-------------------|-----------------|----------------|---------------|
|          |                   |                 |                |               |
|          |                   |                 |                |               |
|          |                   |                 |                |               |
|          |                   |                 |                |               |
|          |                   |                 |                |               |

List all school activities in which you have participated during the past 4 years (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the past 4 years (e.g., Red Cross, Church Work, Volunteer Work). Indicate all special awards and honors.

| Activity | No. of Years Participated | Special Awards, Honors, Offices Held | Activity | No. of Years Participated | Special Awards, Honors, Offices Held |
|----------|---------------------------|--------------------------------------|----------|---------------------------|--------------------------------------|
|          |                           |                                      |          |                           |                                      |
|          |                           |                                      |          |                           |                                      |
|          |                           |                                      |          |                           |                                      |
|          |                           |                                      |          |                           |                                      |
|          |                           |                                      |          |                           |                                      |
|          |                           |                                      |          |                           |                                      |

## Rosemont Chamber Employee Information

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Date of Employment \_\_\_\_\_ Full-Time \_\_\_\_\_ Permanent Part-Time \_\_\_\_\_

## Rosemont Chamber Member Employer Validation

\_\_\_\_\_  
Primary Contact or Main Chamber Representative (Print)                      Company Name                      Date

\_\_\_\_\_  
Primary Contact or Main Chamber Representative (Signature)

## Applicant / Family Validation

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Letter of Recommendation Form

## Directions

To be completed by a teacher, counselor, coach or adult employer, (excluding family member) and must be mailed under separate cover.

Name of Applicant \_\_\_\_\_

Name of Recommender \_\_\_\_\_

Title of Recommender \_\_\_\_\_

Number of years you have known Applicant \_\_\_\_\_

① The applicant's choice of a postsecondary education program is

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Extremely Appropriate | <input type="checkbox"/> Very Appropriate | <input type="checkbox"/> Moderately Appropriate |
| <input type="checkbox"/> Inappropriate         | <input type="checkbox"/> Not Applicable   |   |

② The applicant's achievements reflect his/her ability

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Extremely Well | <input type="checkbox"/> Very Well      | <input type="checkbox"/> Moderately Well |
| <input type="checkbox"/> Not Well       | <input type="checkbox"/> Not Applicable |  |

③ The applicant's ability to set realistic and attainable goals is

|                                    |   |                               |
|------------------------------------|---|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good           | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor      | <input type="checkbox"/> Not Applicable |                               |

④ The quality of the applicant's commitment to school and community is

|                                    |   |                               |
|------------------------------------|---|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good           | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor      | <input type="checkbox"/> Not Applicable |                               |

⑤ The applicant is able to seek, find and use learning resources

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Extremely Well | <input type="checkbox"/> Very Well      | <input type="checkbox"/> Moderately Well |
| <input type="checkbox"/> Not Well       | <input type="checkbox"/> Not Applicable |  |

⑥ The applicant demonstrates curiosity and initiative

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Extremely Well | <input type="checkbox"/> Very Well      | <input type="checkbox"/> Moderately Well |
| <input type="checkbox"/> Not Well       | <input type="checkbox"/> Not Applicable |  |

⑦ The applicant demonstrates good problem-solving skills, follows through and completes tasks

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Extremely Well | <input type="checkbox"/> Very Well      | <input type="checkbox"/> Moderately Well |
| <input type="checkbox"/> Not Well       | <input type="checkbox"/> Not Applicable |  |

⑧ The applicant's respect for self and others is

|                                    |   |                               |
|------------------------------------|---|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good           | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Poor      | <input type="checkbox"/> Not Applicable |                               |

⑨ On a separate sheet of paper, type or hand write a letter of recommendation. The letter must be signed in the presence of a Notary and mailed directly to the Rosemont Chamber along with this form.

Return this Recommendation Form and Letter of Recommendation by March 31, 2010 to:

Pam Hogan  
Rosemont Chamber of Commerce  
9501 W. Devon Ave. - Suite 700  
Rosemont, IL. 60018