Greater Ashtabula Chamber Foundation
SCHOLARSHIP APPLICATION & GUIDELINES

Purpose:
To provide financial assistance to a deserving graduating high school student in Ashtabula County to encourage academic excellence, attain educational goals and succeed to their fullest ability.

Scholarship Value: $3,000.00
Two, $1,500.00 scholarships will be awarded on a one-time basis to a graduating high school student in Ashtabula County.

Criteria:
1. Reside in Ashtabula County.
2. Parent/guardian is, or employed by, a current member in good standing of the Greater Ashtabula Chamber of Commerce.
3. A graduating High School senior with a minimum overall GPA of 3.0 or higher.
4. Enrolled in a full-time accredited two-or four-year college or university.
5. Demonstrate a need for financial assistance.
6. If invited, interview with committee.

Selection:
Scholarship applicants will be reviewed by a scholarship committee (appointed by the Greater Ashtabula Chamber Foundation board), which shall include members of the Greater Ashtabula Chamber of Commerce.

Selection will be made on an objective and nondiscriminatory manner upon said criteria. No person of the scholarship committee is in a position to benefit directly or indirectly if certain recipients are selected over others.

Required Documentation:
1. Completed and signed application.
2. Copy of an official High School transcript.
3. Two letters of recommendation from a guidance counselor and teacher.
4. Current official financial aid award letter, if applicable, from the college or university you will be attending.

Deadline:
All application materials must be received by April 12, 2019 to be considered for this scholarship.

Send to: Greater Ashtabula Chamber Foundation
         Attn: Scholarship Committee
         4536 Main Avenue, Ashtabula, Ohio 44004
Student Information: Please print or type all information on this application.

Name ______________________ ______________________ (Last) (First) (Middle)

Address ______________________ ______________________ ______________________ (Street) (City/State) (Zip Code)

Email ______________________

Date of Birth _______________ Age __________ Sex ___M___ F___

Parent/Guardian Name(s) _______________________________________________________

Parent/Guardian Employer ______________________________________________________

College you are enrolled in _____________________________________________________

Major ______________________ Minor (if applicable) ______________________________

Are you pursuing a 2-or 4-year degree? __________________________________________

Level of High School course work: Advanced Honors Basic Other

Cumulative GPA __________

High School attending __________________________________________________________

Guidance Counselor ______________________ Phone ______________________

Guidance Counselor Signature ______________________ Date _______________

The following must be included with the application:
1. An official High School transcript
2. Letter of recommendation from a guidance counselor and teacher describing characteristics, such as leadership and citizenship.
3. Essay answer section
### Work Experience

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<th>Describe jobs you hold or have held during high school.</th>
<th>What are/were your hours per week and for the school year?</th>
<th>Date of Employment</th>
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### Extra-Curricular Activities

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<th>List school clubs, organizations, etc. in which you have participated.</th>
<th>Include the years you have participated. (FR, SO, JR, SR)</th>
<th>Indicate the offices or leadership positions held.</th>
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### Community Service Activities

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<th>List community groups, social groups or other activities in which you have participated.</th>
<th>Describe the amount of involvement &amp; time you have participated in each.</th>
<th>Indicate the offices or leadership positions held and responsibilities.</th>
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Note: One additional sheet may be attached if needed.
Financial Information

Do you live with your parents? _________

If yes, please circle marital status of parents: Single  Married  Separated  Divorced

Total number of dependent children of parents ________________

Gross Annual Income:

Father $ ____________________

Mother $ ____________________

Student Applicant $ ____________________

Number of siblings in college in 2018-2019 ________________

How do you plan to pay for your education? ____________________________

______________________________________________________________

List any scholarships/grants you applied for and amounts, if known, you will be receiving during the 2018-2019 academic year:

______________________________________________________________

______________________________________________________________

______________________________________________________________

Explain any special circumstances or unusual expenses the scholarship committee should know about when considering you for this scholarship:

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________
Essay Answer
(This section should be submitted on a separate sheet of paper. Explain each of the following in detail):

1. Which university or college are you enrolled in and why did you choose that university or college of your choice?
2. What are your ambitions and career goals?

Requirements to Receive Scholarship
1. Provide proof of acceptance to the college or university recipient will be attending.
2. Once proof has been provided, scholarship check will be released directly to the college or university attending.
3. Maintain contact with the Foundation and provide an official, updated transcript at the end of the first semester.
4. Maintain satisfactory academic progress as defined by the college.
5. Recipient must be a full-time student each semester unless an exception is requested in writing to, and approved by, the Greater Ashtabula Chamber Foundation.
5. Dropping out of school, except for serious illness or injury, shall cause recipient to lose the scholarship and may be subject to repayment on a pro-rated basis.

Please Read and Sign
The Greater Ashtabula Chamber Foundation may use, transmit, or receive information from this application and my high school, college, or university transcript to determine my eligibility for this Scholarship. The recipient will be listed in the Greater Ashtabula Chamber of Commerce’s quarterly newsletter and possibly other media. The recipient will also be presented to the full Chamber and Foundation Board during a Board meeting.

The guidelines for the Greater Ashtabula Chamber Foundation are attached to this application. By signing this application, the undersigned hereby acknowledges receipt of the guidelines and agrees to waive all personal claims, causes of action or damages against the Greater Ashtabula Chamber Foundation, including its board members, officers and associates thereof. In addition, the undersigned agrees to allow his/her name to be used for publicity purposes should he/she be awarded this scholarship.

I agree to notify the Greater Ashtabula Chamber Foundation in the event that I receive additional scholarships or financial assistance. I understand this may make me ineligible to receive the Greater Ashtabula Chamber Foundation award.

My signature certifies that I have read, understand and agree to the terms and conditions of this application and that all information I have provided is correct.

Student Signature ___________________________ Date ______________

Parent/Guardian Signature ___________________________ Date ______________