



Surprise Valley Chamber of Commerce

507 Main St, PO Box 518

Cedarville, CA 96104

530-936-7822

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Adult Scholarship Application

CRITERIA FOR SCHOLARSHIP

Applicant must be a current Surprise Valley resident or former Surprise Valley High School graduate.

Applicant must plan to attend a recognized online educational institute, trade school, college or university for the 2020/2021 academic year.

The Scholarship will be paid, half upon verification of registration and fees paid and half upon successful completion of quarter/semester with submission of final grades and proof of continuing education. If proof of course completion is not submitted within twelve (12) months the scholarship will be forfeited.

Application must be submitted to Surprise Valley Chamber of Commerce at address listed above in letterhead by September 1, 2020.

INSTRUCTIONS

This application must be completed in ink or typed and postmarked **on or before September 1, 2020** in order to be considered. Applications and/or accompanying documents postmarked after this date, as well as unsigned will be considered ineligible.

1. Name: _____

2. Address: _____

3. Telephone: (Home) _____ (Cell) _____

Please complete questions 4 through 10 using a separate sheet of paper. Staple or clip this page to your completed application. Please do not put your name on the second part of the application (name should only appear on this page to ensure fairness in judging process).

4. In 300 words or less, write a brief history of your life. Include education and jobs.
5. What are your educational goals?
6. What are your career goals and post-graduate plans?
7. Are you currently participating in, or have you participated in, volunteer work or extra-curricular activities? Explain.
8. How do you plan to use this scholarship?
9. Why do you think you should be chosen to receive this scholarship?
10. OPTIONAL: Is there anything else you feel we should know about you?

11. Include with application two (2) letters of recommendation (**non-family member**) from present or past employer, community member or teacher/instructor.

The names and occupations of persons writing letters of recommendation.

1. _____
2. _____

Thank you for your application. The chosen continuing education applicant will be notified by mail.

Signature _____

Date _____