



# FENTON AREA CHAMBER OF COMMERCE (FACC) 2019 SCHOLARSHIP APPLICATION FORM

**Note:** Please print in ink or type on application. Complete ALL items. Attach additional pages if necessary and label them with headings as well as with your full name.

## Application Requirements

- Applicants must currently be a High School Senior (Class of 2019) planning to attend a two- or four-year college/university or Trade School.
- Applicants must live in the 63026 Zip Code and/or the applicant's parent(s) must be a FACC Chamber Member or employed by a FACC Member Business in good standing (dues paid).

## Specific Scholarships Awarded

Applicants will be eligible for a general scholarship or a specific scholarship recognizing an individual, organization or a specific area of study. *If you would like to be considered for any of the following, please check one or more from the following list:*

- Jeannie Braun Scholarship:** Awarded to a female student who displayed outstanding leadership ability during her high school career.
- Mercy Hospital South Scholarship:** Awarded to a student who intends to pursue a career in healthcare and who has demonstrated a passion for the industry.
- Dobbs Tire & Auto Centers Scholarship:** Awarded to a student intending to attend Jefferson College and pursue a career in automobile mechanics.

### A. APPLICANT'S PERSONAL INFORMATION

(1) NAME:

LAST

FIRST

MIDDLE

(2) PERMANENT ADDRESS:

STREET

CITY

STATE

ZIP CODE

(3) TELEPHONE #:

(4) EMAIL ADDRESS:

(5) DATE OF BIRTH:

(6) AGE:

(7) YEARS AS A MISSOURI RESIDENT:

(8) U.S. CITIZEN: YES\_\_\_ NO\_\_\_ HAVE APPLIED\_\_\_

### B. APPLICANT'S EDUCATIONAL INFORMATION

(9) HIGH SCHOOL:

(10) ADDRESS:

(11) TELEPHONE #:

(12) GRADUATION DATE:

(13) ACT OR SAT – INDICATE MOST RECENT SCORE AND DATE TAKEN:

ACT: \_\_\_\_\_ DATE TAKEN: \_\_\_\_\_ SAT: \_\_\_\_\_ DATE TAKEN: \_\_\_\_\_



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(14)  
**PLEASE SUBMIT YOUR COMPLETED APPLICATION WITH AN OFFICIAL HIGH SCHOOL TRANSCRIPT WITH GRADES THROUGH JANUARY 2018.**

## C. PARENT(S)' STATUS

(15) NAME OF PARENT/GUARDIAN #1:

(16) ADDRESS (IF DIFFERENT FROM APPLICANTS):

STREET CITY STATE ZIP CODE

(17) EDUCATION (HIGHEST LEVEL ATTAINED):  
HIGH SCHOOL \_\_\_ COLLEGE \_\_\_ DEGREE \_\_\_

(18) OCCUPATION: (19) EMPLOYER:

(20) NAME OF PARENT/GUARDIAN #2 (IF APPLICABLE):

(21) ADDRESS (IF DIFFERENT FROM APPLICANT):

STREET CITY STATE ZIP CODE

(22) EDUCATION (HIGHEST LEVEL ATTAINED):  
HIGH SCHOOL \_\_\_ COLLEGE \_\_\_ DEGREE \_\_\_

(23) OCCUPATION: (24) EMPLOYER:

(25) PARENTS' STATUS:  
MARRIED \_\_\_ SEPARATED \_\_\_ DIVORCED \_\_\_ NOT MARRIED \_\_\_  
MALE PARENT DECEASED \_\_\_ FEMALE PARENT DECEASED \_\_\_

## D. OTHER FAMILY MEMBER(S)

(26)	SIBLING NAME	AGE	SCHOOL ATTENDING
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## E. APPLICANT'S SCHOOL ACTIVITIES

(27) LIST MAIN SCHOOL ACTIVITIES BELOW IN WHICH YOU HAVE PARTICIPATED TO A SIGNIFICANT DEGREE AND TO WHICH YOU HAVE MADE A POSITIVE CONTRIBUTION.

ACTIVITY	POSITION HELD	YEAR(S) PARTICIPATED FR SOPH JR SR	RECOGNITION

(28) LIST BELOW ANY HONOR(S) OR AWARD(S) YOU HAVE RECEIVED:

HONOR/AWARD	REASON FOR RECOGNITION	YEAR AWARDED

## F. APPLICANT'S COMMUNITY SERVICE/VOLUNTEER ACTIVITIES

(29) LIST ANY COMMUNITY SERVICE PROJECTS OR VOLUNTEER PROGRAMS IN WHICH YOU HAVE PARTICIPATED TO A SIGNIFICANT DEGREE AND TO WHICH YOU HAVE MADE A POSITIVE CONTRIBUTION.

ACTIVITY	ORGANIZATION / NONPROFIT	YEAR(S) PARTICIPATED FR SOPH JR SR	APPROXIMATE TOTAL HOURS PARTICIPATED PER YEAR

## G. APPLICANT'S LEADERSHIP ACTIVITIES

(30) LEADERSHIP POSITION      ORGANIZATON OR CLUB      YEAR(S) OF PARTICIPATION

(30) LEADERSHIP POSITION	ORGANIZATON OR CLUB	YEAR(S) OF PARTICIPATION



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## H. APPLICANT'S FUTURE

(31) WHAT ACADEMIC/TECHNICAL PROGRAM OR MAJOR ARE YOU NOW CONSIDERING?

(32) WHAT DO YOU NOW SEE AS YOUR FUTURE OCCUPATION/PROFESSION?

## I. APPLICATION TO COLLEGE/UNIVERSITY/TECHNICAL SCHOOL

(33) LIST, IN ORDER OF PREFERENCE, THE NAMES OF THE COLLEGES/UNIVERSITIES/TECHNICAL SCHOOLS, TO WHICH YOU HAVE APPLIED. IF YOU HAVE MADE YOUR FINAL DECISION PLEASE MARK THE INSTITUTION WITH AN \* :

COLLEGE/UNIVERSITY, TECHNICAL OR VOCATIONAL SCHOOL	ADDRESS

(34) ADMISSION DECISION: \_\_\_\_\_ DATE ACCEPTED: \_\_\_\_\_

## J. PAID WORK EXPERIENCE

(35) LIST YOUR PAID (FULL OR PART TIME) WORK EXPERIENCE BELOW, INCLUDING FAMILY BUSINESS. IF NOT EMPLOYED, DESCRIBE BELOW THE USE OF YOUR SUMMER AFTER YOUR JUNIOR YEAR. IF NOT APPLICABLE, PLEASE CONTINUE ON TO SECTION K.

A) COMPANY OR EMPLOYER		JOB DESCRIPTION	
DATE OF EMPLOYEMENT- FROM _____ TO _____		HOURS PER WEEK	
PAY PER HOUR	SUMMER WORK ONLY?		

B) COMPANY OR EMPLOYER		JOB DESCRIPTION	
DATE OF EMPLOYEMENT- FROM _____ TO _____		HOURS PER WEEK	
PAY PER HOUR	SUMMER WORK ONLY?		

C) COMPANY OR EMPLOYER		JOB DESCRIPTION	
DATE OF EMPLOYEMENT- FROM _____ TO _____		HOURS PER WEEK	
PAY PER HOUR	SUMMER WORK ONLY?		



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## K. USE THE FOLLOWING SPACE TO EXPLAIN HOW YOU SPENT YOUR SUMMER AFTER YOUR JUNIOR YEAR, IF YOU DID NOT WORK FOR WAGES:

(36)

## L. FINANCIAL INFORMATION

(37) STUDENT AID REPORT (SAR): The SAR is the document resulting from the completion of the Free Application for Federal Student Aid (FAFSA). We expect all students seeking financial aid to complete the FAFSA. **Once you have completed the FAFSA, please attach to this scholarship application the portion of your Student Aid Report which shows your Application Receipt Date along with your Expected Family Contribution (EFC).**

(38) Are you the first in your family to attend college or a postsecondary institute? Yes \_\_\_\_ No \_\_\_\_

(39) TOTAL FAMILY INCOME: \$\_\_\_\_\_ (40) EXPECTED FAMILY CONTRIBUTION FROM FAFSA: \$\_\_\_\_\_

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## M. ESSAY #1

(41) IN 300 WORDS OR LESS, PLEASE SHARE INFORMATION REGARDING ANY FINANCIAL CIRCUMSTANCES IMPACTING YOUR ABILITY TO PAY FOR COLLEGE.


## N. ESSAY #2

(42) IN 300 WORDS OR LESS, PLEASE ASSIST THE COMMITTEE IN UNDERSTANDING YOU AND YOUR PERSONAL GOALS, ALONG WITH WHY YOU THINK YOU SHOULD BE CONSIDERED FOR THIS SCHOLARSHIP.




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**(43) SPACE FOR ADDITIONAL INFORMATION (IF NEEDED)**


THE FENTON AREA CHAMBER OF COMMERCE SCHOLARSHIP FUND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, CREED, NATIONAL ORIGIN, SEX OR CONDITION OF HANDICAP IN THE ADMINISTRATION OF ITS SCHOLARSHIP PROGRAM.

YOUR SIGNATURE AT THE END OF THIS APPLICATION AUTHORIZES THE FENTON AREA CHAMBER OF COMMERCE AND ITS SELECTION COMMITTEE TO EXAMINE YOUR ACADEMIC, FINANCIAL AND PERSONAL RECORDS AND TO RELEASE PERTINENT DATA TO THOSE INVOLVED WITH THE SCHOLARSHIP FUND PROGRAM. YOUR SIGNATURE ALSO AUTHORIZES THE FENTON AREA CHAMBER OF COMMERCE TO VERIFY ANY INFORMATION PERTAINING TO YOUR APPLICATION.

**REVIEW APPLICATION TO ENSURE ALL AREAS ARE COMPLETED.  
THIS APPLICATION MUST BE POSTMARKED BY: MIDNIGHT - MARCH 22, 2019  
MAIL THIS APPLICATION FORM TO THE FOLLOWING ADDRESS:**

**FENTON AREA CHAMBER OF COMMERCE  
SCHOLARSHIP FUND  
1375 NORTH HIGHWAY DRIVE  
FENTON, MO 63099**

**QUESTIONS?  
CALL 636-717-0200**

**APPLICANT’S AUTHORIZED SIGNATURE**

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- APPLICATION CHECKLIST:**
- Complete All Areas of Application
  - Official Transcript (Through January 2018)
  - FAFSA Page with Application Receipt Date -and- Expected Family Contribution (EFC)
  - Ensure Proper Postage Amount & Send Date (by midnight 03/22/19)