

## Dinwiddie County Chamber of Commerce

www.dinwiddiechamber.org

## Scholarship Program – Application for Award

Applica	ants Name:			
	ants Name:First	Middle	Last	
Street A	Address:	City ar	nd State:	
Contact Telephone Number: ( )		Alternative Number ( )		
Parent's	s Name:			
Employer:		Department:		
College	e/University you will attend:			
Desired	l area of study:			
GPA:_		Class Ranking:		
2.	plans, career intentions, and th recognition you have received	e reason the committee sho plus school and / or civic o	ould consider you for organization affiliation	dership skills, community involvement, college the scholarship. Include any honors / awards / as that may be relevant.  County Chamber of Commerce will affect you
3.	Open to Dinwiddie County High School Seniors:			
	SAT or ACT test scores Position in Class (%, rank Copy of acceptance letter Preferred College and/ or One letter of recommenda	eript or report card (including, and # in class) to an accredited college or University and field of studition based on achievement tion based on personal char	university ly of academic standard	is
	y make formal application for the herein and information provided			nolarship Award. I certify that all statements
Date		Applicant Signature		

Please ensure all requested information is included in the application packet. Incomplete packets will not be considered. All applications must be returned to Dinwiddie County Chamber of Commerce, Attention Scholarship Committee, PO BOX 373, Dinwiddie, VA 23841-0373 by THURSDAY APRIL 6, 2017 to be considered. No late applications will be accepted. Dinwiddie County Chamber of Commerce is not responsible or liable for lost or late applications. All applications are opened solely by an independent panel.