



YOUR CONNECTION TO GROWTH & SUCCESS!

ADULT EDUCATION SCHOLARSHIP APPLICATION

I. This is a scholarship offered by the St. Cloud Chamber of Commerce whose mission statement is as follows:

The St. Cloud Chamber of Commerce is dedicated to:

- **Providing business leadership, education and networking for economic growth.**
- **Promoting and preserving our quality of life.**

II. The Education Committee Scholarship Objective is to provide financial support for those eligible individuals seeking to gain or improve career skills.

III. Scholarship Eligibility Requirements:

- a. Age 25+
- b. Live in the Greater St. Cloud Area
- c. Residency Requirement – 3 years
- d. High School Graduate or GED
- e. U.S. Citizen or Legal Alien
- f. Planned course work must be career related
- g. Scholarship will provide improved economic benefit for applicant

Candidates may be required to provide verification of eligibility requirements.

PLEASE PRINT OR TYPE

APPLICANT DATA				
Mr. <input type="checkbox"/>				
Ms. <input type="checkbox"/>	Name	(Last)	(First)	(MI)
Permanent Address	(Street)	(City)	(State)	(Zip)
()				
Telephone Number	E-Mail Address			
Are you 18 years or older? _____ Are you a high school graduate? _____ GED? _____				
High School Attended _____				
How long have you lived in the St. Cloud area? _____				
Are you a U.S. citizen? _____ or Legal Alien? _____				
Are you employed? _____ If so, where? _____				
Describe your career goals or plans: _____				

Are you currently enrolled in a Training / Educational Institution? _____

Name of Institution or Training Program: _____

Phone number/contact at Institution/Program: _____

Do you have a specific program in mind? _____ Describe: _____

If not currently enrolled, when do you plan to enroll? _____

What are the requirements of the Training / Educational program in which you wish to enroll or are currently enrolled? _____

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.

Position	Date From (mo/yr)	Date To (mo/yr)	Hrs/week	Name of Company	Contact	Phone Number

List community/school activities in which you have participated during the **past 4 years** (e.g., civic organization, church, volunteer, student government, clubs, music, sports, etc.) Indicate special awards and honors.

Name of School or Community Activity	No. of Years Involved	Special Awards, Honors, Offices Held	Contact	Phone Number

ESSAY: Please respond to the following questions.

How will your training/education benefit the St. Cloud Community?

What economic impact will training/education have for you, i.e., increased salary – how will this impact your earning power?

How did you hear about the program? _____

Today's Date: _____

Applications will be reviewed on a quarterly basis.
Quarters run January – March, April – June, July – September, October – December

TO BE COMPLETED BY COUNSELOR:

Application date: _____

Date requested appointment: _____

Date counselor received application: _____

Date counselor contacted applicant: _____

Date of appointment(s) with applicant: _____

Date application submitted to
Scholarship Committee: _____

Date application approved/turned
down by Scholarship Committee: _____

Date Scholarship awarded: _____