



One Main Street | P.O. Box 625  
Old Saybrook, CT 06475  
[www.oldsaybrookchamber.com](http://www.oldsaybrookchamber.com)

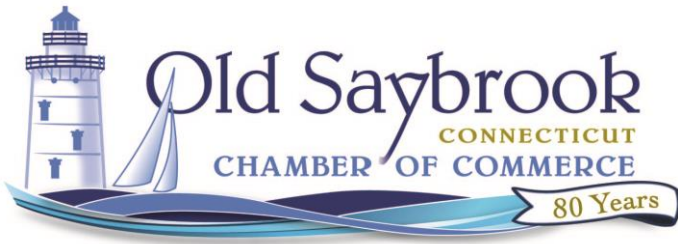
## 2019 Old Saybrook Chamber of Commerce C. WILFRED HUNTER MEMORIAL SCHOLARSHIP ELIGIBILITY & APPLICATION PROCEDURES

### Eligibility Requirements

- ◇ At least one of the following criteria must apply:
  1. Old Saybrook Resident or
  2. Immediate Family Member of a current Chamber of Commerce Member or
  3. An employee of a current Chamber of Commerce Member
- ◇ Applicant must be accepted into an accredited college, university or vocational school
- ◇ Application should display achievement in school and/or community-related activities
- ◇ The completed application must be submitted to the **Chamber Office by 4pm on Thursday 4/25/2019.**
- ◇ Immediate Family member of Board of Directors and/or Staff are not eligible to apply.

### Application Procedures

- ◇ Complete scholarship application form (*return pages 1-2 to the Chamber Office @ 1 Main Street*)
- ◇ Include a personal letter to the scholarship committee outlining your future goals and aspirations, why you are applying for this scholarship and how you have been involved in the community.
- ◇ The Committee *MAY* request personal interviews with the applicants giving them the opportunity to introduce themselves and expound on why this scholarship is important to them.
- ◇ Include two letters of recommendation **specifically** for this Scholarship:
  - One letter must be from a teacher **or** a guidance counselor **and**
  - One letter from a supervisor of your community related or volunteer experience or employment



CHAMBER USE ONLY:

**Application Deadline:  
Thursday, April 25, 2019 @ 4:00PM**

**2019 Old Saybrook Chamber of Commerce  
C. WILFRED HUNTER MEMORIAL SCHOLARSHIP APPLICATION**

APPLICANT NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT(S) /GUARDIAN NAME \_\_\_\_\_

CHAMBER MEMBER BUSINESS \_\_\_\_\_

\_\_\_\_\_  
*APPLICANT SIGNATURE*

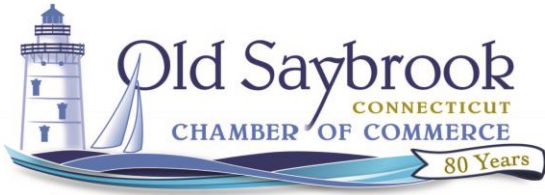
\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*PARENT/GUARDIAN SIGNATURE*

\_\_\_\_\_  
*DATE*

**Applications must be returned to:  
OLD SAYBROOK CHAMBER OF COMMERCE  
One Main Street, Old Saybrook, CT 06475**

**Application Deadline:  
Thursday, April 25, 2019 @ 4:00PM**



*SCHOLARSHIP APPLICATION page 2*

APPLICANT NAME \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

COLLEGE/SCHOOL ATTENDING IN THE FALL \_\_\_\_\_

ANTICIPATED MAJOR \_\_\_\_\_ MINOR (IF APPLICABLE) \_\_\_\_\_

◇ LIST EXTRA-CURRICULAR ACTIVITIES AND AWARDS

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◇ LIST COMMUNITY SERVICE ACTIVITIES (INCLUDING ANY VOLUNTEERING)

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◇ LIST WORK HISTORY, INCLUDING ANY PART-TIME, SUMMER JOBS, ETC

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