



## YORBA LINDA CHAMBER OF COMMERCE 2017 SCHOLARSHIP PROGRAM

The Yorba Linda Chamber of Commerce believes that a well-educated workforce makes good business sense for a vital and healthy Southern California. The Scholarship Program encourages students to pursue higher education following high school. It is open to graduating seniors in the Placentia-Yorba Linda Unified School District who will be attending a vocational/technical school, a two-or four-year college or university.

### AWARDS

The Chamber of Commerce will award multiple scholarships of \$500 each. Scholarship recipients will be invited to attend their school's Awards Night to receive their scholarship.

### APPLICANT ELIGIBILITY

1. Applicants must be graduating seniors of the Placentia-Yorba Linda Unified School District. They must plan to enter an accredited vocational/technical school, or accredited two- or four-year college or university. Students must be enrolled full-time beginning in the Fall 2017 academic term (unless their schedule is approved by the Yorba Linda Chamber of Commerce).
2. Applicants must have an academic non-weighted 2.3 grade point average or better.
3. Applicants must have participated in projects and activities outside the realm of work and formal education, including but not limited to, volunteering at the Yorba Linda Chamber of Commerce or at a Chamber event.
4. **For Chamber Members:** The Yorba Linda Chamber of Commerce Scholarship Program will award at least one scholarship, for children of Chamber members or students who work for a Chamber member. The student will still need to be a graduating senior but can attend any school outside of the PYLUSD.

### SELECTION PROCESS

**Selection:** Recipients are selected based on work experience, participation in community service, financial need, and academic achievement. We are looking for a well-rounded student who exemplifies a combination of the factors listed above.

### APPLICATION CHECKLIST

The application becomes complete and valid only when you have **TURNED IN ALL OF THE FOLLOWING MATERIALS:**

- Scholarship Application
- GPA Information **(to be completed and signed by your counselor)**
- Sealed Official transcript(s) of grades
- Community Service Information
- Recommendation Forms **(two required to be sealed and signed)** from volunteer coordinator, work, organizations such as Boy Scouts, Girl Scouts, church groups, school groups / organizations, etc.
- Children of Chamber Members** or students who work for Chamber members must have their application signed by the sponsoring Chamber member.

## DEADLINE AND MAILING ADDRESS

### All materials, including transcript, must be returned to:

Yorba Linda Chamber of Commerce  
17670 Yorba Linda Blvd.  
Yorba Linda, CA 92886

**Deadline for receipt of application and transcripts: April 15, 2017.**

Names of winners will be announced on the Yorba Linda Chamber of Commerce website in May 2017.

The website address is [www.yorbalindachamber.org](http://www.yorbalindachamber.org).

## DISTRIBUTION OF AWARDS

**Distribution of Awards:** The scholarship will be awarded for the Fall 2017 college semester/quarter, and will be issued upon receipt of verification of full-time enrollment. Verification is due as soon as a student is enrolled, and such verification must be received no later than October 31, 2017 (**postmarks not accepted**). Awards will be issued through a Yorba Linda Chamber of Commerce official, and **mailed directly to the students upon presentation of class list**.

**Forfeiture of Awards:** Students selected to receive a scholarship who do not complete the required information, who fail to submit verification of enrollment, or who fail to enroll as full-time students for Fall 2017 (unless their schedule is approved by the Yorba Linda Chamber of Commerce) will forfeit their award. Due to budget limitations, the Yorba Linda Chamber of Commerce cannot hold over awards from one academic term to the next. Therefore, **any funding for unclaimed scholarships will be canceled on December 31, 2017.**

## PROGRAM LIMITS

1. The Yorba Linda Chamber of Commerce retains the right to change or terminate this program at any time.
2. The Yorba Linda Chamber of Commerce is not responsible for lost applications, lost verifications of enrollment, or information misplaced or delayed through the mail or other delivery process.
3. Once submitted, all information becomes the property of the Yorba Linda Chamber of Commerce.
4. Decisions are final.

## FOR MORE INFORMATION

If you have other questions, please call the Yorba Linda Chamber of Commerce at (714) 993-9537.

# 2017 YORBA LINDA CHAMBER OF COMMERCE SCHOLARSHIP APPLICATION

**APPLICANT MUST SUBMIT ORIGINAL APPLICATION ON OR BEFORE APRIL 15, 2017 (POSTMARKS NOT ACCEPTED).**

**NOTE: ILLEGIBLE/INCOMPLETE APPLICATIONS OR THOSE THAT DO NOT INCLUDE TRANSCRIPTS WILL BE DISQUALIFIED. TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES. PLEASE USE INK WHEN FILLING OUT APPLICATION.**

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<b>APPLICANT DATA</b>	<b>NAME</b>	Last _____ First _____ Middle Initial _____
	<b>PERMANENT HOME MAILING ADDRESS</b>	Number _____ Street _____ Apartment # _____ City _____ State _____ Zip Code _____ Telephone (____) _____ E-mail _____
	<b>DATE OF BIRTH</b>	Month _____ Day _____ Year _____

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<b>PARENT OR GUARDIAN INFORMATION</b>	<b>NAME(S)</b>	Last _____ First _____
		Relationship to Applicant _____ Message or Work Phone _____

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<b>HIGH SCHOOL</b>	School Name _____ Graduation Date: Month and Year _____
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**SECTION FOR SCHOLARSHIP APPLICANTS APPLYING AS A CHILD OR EMPLOYEE OF A YORBA LINDA CHAMBER MEMBER**

\_\_\_\_\_ Child of or \_\_\_\_\_ Employed by (check one) a Yorba Linda Chamber of Commerce Member.

*I am a member of the Yorba Linda Chamber of Commerce and I am happy to endorse this scholarship application*

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Chamber Member Signature _____	Chamber Member Print Name _____	Name of Business _____
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<b>GPA INFORMATION</b> To be completed by high school Counselor	The applicant's academic, non-weighted GPA is _____
	Number of school-credited community service hours _____
	Counselor's Name _____ E-mail _____
	Counselor's Signature _____

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<b>POST-SECONDARY SCHOOL DATA</b>	Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) <b>Use official school names. Do not use abbreviations.</b>
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\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4 yr. College or University       Community College       Vocational/Technical School

Major or course of study \_\_\_\_\_

Anticipated degree:  BA/BS       Associate       Certificate \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_

PLEASE ATTACH YOUR TYPED RESPONSES TO THE FOLLOWING QUESTIONS (300 words or less for each questions below)

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**1. GOALS AND ASPIRATIONS**

Describe your plans as they relate to your educational and career objectives and long-term goals.

**2. FINANCIAL NEED**

Please describe your financial situation and how this award will be used.

**3. VALUE OF COMMUNITY SERVICE - 300 words or less**

Describe school or community activities in which you have been involved. What was the most valuable aspect that you learned from the service activities? Describe your duties, responsibilities, and/or tasks performed as a volunteer at a Yorba Linda Chamber of Commerce event. What was the most valuable aspect that you learned from these hours that you served the Yorba Linda Chamber of Commerce and/or Chamber Member and how has that affected your community involvement and future work experience?

**4. VALUE OF WORK EXPERIENCE - 300 words or less**

Describe your employment experiences. What motivated you to work? What was the most valuable aspect that you learned?

**5. ADDITIONAL INFORMATION**

Describe your unique personal or professional attributes that would assist the selection committee in making a positive decision regarding your application.

**PLEASE COMPLETE THE FOLLOWING INFORMATION (ATTACH ADDITIONAL SHEET IF NECESSARY)**

**SCHOOL ACTIVITIES**

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.).

Activity	Number of years	Special Awards	Positions Held

**COMMUNITY SERVICE**

List all community activities in which you have participated **without pay** during the past four years (e.g., Yorba Linda Chamber of Commerce, Boy/Girl Scouts, hospital volunteer, Special Olympics, City Library, church). Note all special awards, honors and offices held. (may add additional page)

Location		Activities	Number of Hours

**WORK EXPERIENCE**

List employment during the past four years.

Employer	Number of Years	Position	Duties

**CERTIFICATION**

I certify that I meet the basic eligibility requirements of the program as described herein and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information will result in disqualification for any scholarships. This application becomes the property of Yorba Linda Chamber of Commerce. It is recommended that you keep a copy for your files.

Print Student's Name \_\_\_\_\_ Student's School \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RECOMMENDATION FORM (Two Recommendation Forms required)**

**Print Student's Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

1. What is the nature of the community service or employment?

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2. What were the contributions/duties of the student?

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3. What was your impression of the student's work/contributions?

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4. How did the student's work/contributions affect the community or your organization?

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5. Please feel free to share any additional comments.

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Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Printed or typed)

Business/Organization \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN TO STUDENT ENCLOSED IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE SEAL.**

**RECOMMENDATION FORM (Two Recommendation Forms required)**

**Print Student's Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

1. What is the nature of the community service or employment?

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2. What were the contributions/duties of the student?

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3. What was your impression of the student's work/contributions?

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4. How did the student's work/contributions affect the community or your organization?

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5. Please feel free to share any additional comments.

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Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Printed or typed)

Business/Organization \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN TO STUDENT ENCLOSED IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE SEAL.**