



Scholarship Application

Postmark Deadline October 5, 2018

Please type or print clearly

PERSONAL INFORMATION

Name: _____

Current Address: _____

Home Phone: _____

Work Phone: _____

Email _____

EDUCATIONAL INFORMATION

College/University Attended _____

Major _____

Degree _____

Additional certifications or training _____

EMPLOYMENT INFORMATION (attach more sheets if necessary)

Dates	Employer	Title/Duties



CONT.		

SCHOLASTIC HONORS

Dates	Scholastic Honor	Notes

SOCIETIES AND ORGANIZATIONS

Membership Date	Organization Name	Responsibilities

Awards



CONFIRMATION

I attest the above information to be true, and I am age 18 or over. I hereby apply for the DeLand Area Chamber of Commerce-Females About Business scholarship program. It is my understanding that I will be notified via mail concerning the status of my application.

Signature of Applicant

Date

I hereby grant permission for the DeLand Area Chamber of Commerce and the Females About Business committee to use my name and photo, and potential testimonial, for future scholarship announcements, public relations, and advertisements. It is my understanding that this is voluntary and will in no way affect my eligibility for selection as a scholarship recipient.

Signature of Applicant

Date

All materials must be postmarked October 5, 2018.

Mail or drop off at:

**DeLand Area Chamber of Commerce
120 South Florida Ave.
Suite 206
DeLand, FL 32720**