



Greater Madison Area Chamber of Commerce 2019-20 Scholarship Application

Deadline to Apply: May 1 2019

Mission Statement - *"To promote our members, the community, and economic development in the Greater Madison Area, resulting in a better quality of life."*

Eligibility Criteria:

Scholarship Amount: \$600-\$700

- Employee of a Madison Chamber Member business
- OR
- Children or Spouse of Employees of a Madison Chamber Business or individual member of the Chamber
- DSU New or Continuing Student
- Any Field of Study

Preference given to students with demonstrated community service

Check one only – Are you an Employee _____ Child _____ Spouse _____ of a Madison Chamber Member?

Madison Chamber Member Business Name _____

Parents/Spouse Full Name _____

Student Classification/Level at DSU: Continuing ___ New ___ Transfer ___ Undergraduate ___ Graduate ___

Student Name _____
Last First Middle Initial

Home Address _____
Street City State Zip

County _____ Phone (H) _____ Date of Birth ____/____/____
Month/Day/Year

Student ID if current student _____ Applicant Social Security Number Last four digits ### ## _____

Major (If known):1st _____ 2nd _____

High School Attended _____ City _____ State _____ Year Graduated or GED _____

Dependent students only: Parents' Name(s) & Address(s) _____

Note: Please note (See 2019-20 DSU General Scholarship Application Form) on each section below if you have already submitted a 2019-20 DSU General Scholarship Application form before March 1, 2019

Involvements & Honors:

1) List any *community* activities and services in which you have been involved. List the top 5 most recent/important.

2) List your *university, college/post-secondary school and high school* involvements including: organizations, co-curricular and extra-curricular activities. Please include years involved and offices held. List the top 5 most important involvements.

3) List any honors (university, college, post-secondary school, high school, or community) you have received. Do Not include scholarships from DSU.

- *If you have additional, unique information to include not already covered within your application that may assist the DSU Scholarship Committee in determining your eligibility for the Madison Chamber of Commerce Scholarship; please briefly include it on an attachment.*

Optional: This information is used in compliance with Title VI of the Civil Rights Act of 1964.

Your responses will in no way affect your application.

Required for Civil Rights/Affirmative Action reporting purposes (check all that apply): Gender: Female Male

Ethnic Group/Race: White African American Asian Native American Hispanic Other

With my signature below, I hereby authorize DSU officials to release personal, educational, and financial application results that will assist the DSU Scholarship Committee in the awarding process in conjunction with my scholarship application. Statements supporting scholarship application will be maintained in accordance with the Family Educational Rights and Privacy Act and Gramm-Leach-Bliley Act.

Signature _____ Date _____

Return completed application to:

Greater Madison Area Chamber of Commerce

315 S. Egan Ave. | Madison, SD 57042 | Phone: 605.256.2454

Email completed application: office@chamberofmadisonsd.com