



## 2019 - 2020 Scholarship Application

The Vermilion Chamber of Commerce is pleased to announce that a scholarship will be available to students in Vermilion Parish affiliated with the Vermilion Chamber of Commerce (See Chamber Connection section on the Scholarship Application Form). Scholarships are funded from generous donations of Chamber members.

**Applications and supporting materials must be mailed or delivered to the Chamber office no later than 3:00 pm on Wednesday, November 6, 2019.** Interested applicants should mail their application, essay, and transcripts to: **Chamber Program Committee, Vermilion Chamber of Commerce, 1907 Veterans Memorial Drive, Abbeville, LA 70510.**

### Criteria

- The applicant must be pursuing post-secondary education at either a two-year or four-year educational or vocational institution.
- The applicant must have completed at least one semester at the post-secondary education institution with a minimum of a 2.5 GPA.

### Selection Process

- Applicants will be selected based on
  - Participation and leadership in school activities and work experience;
  - Response to the essay question;
  - Economic need; and
  - Academic achievement.

### Notification

- Applicant selected to receive the scholarship will be notified during the first week of January 2019.
- Applicant and his/her parents will be invited to the 2020 Chamber Membership Award Banquet to be recognized as the recipient of the scholarship. If applicant is unable to attend the Membership Award Banquet due to circumstances beyond his/her control, applicant must submit a letter in writing to the Chamber Program Committee citing the reason for the absence one week prior to the event, or the scholarship will be forfeited.

## **General Rules**

All applications should be completed by the applicant. Typed or word processed submissions are acceptable, but should be completed (with the exception of the essay) on the application form. An electronic version of the application will be emailed to the applicant upon request. All applications must be fully completed and must be signed by the applicant or will be deemed incomplete.

The essay portion of the application should be neatly typed and double-spaced, preferably using 12 point Times New Roman or a similar easy-to-read font.

Applicants will be scored ten points for each of five categories—academics; economic needs; work experience; leadership, volunteerism, and extracurricular activities; and recommendations. The essay portion will account for fifty points.

Applications, including essays and supporting documents will become the property of the Vermilion Chamber of Commerce and will not be returned. By signing the application, you agree to allow the Vermilion Chamber of Commerce to utilize your name and essay for publicity opportunities related to the scholarship or Chamber program. Winning applicants agree to have their photograph taken with Chamber representatives and agree to release all rights to the photo to the Vermilion Chamber of Commerce for promotional activities.

## **Member Application**

National companies may only send applications from local offices. This is a local scholarship for Vermilion Chamber of Commerce members. Applicants from outside this area who are not employees or family members of employees from your local office may be disqualified. Any student of parents who are employed by a Vermilion Chamber of Commerce member in good standing, or any employee or owner of a member in good standing are eligible to apply. Scholarships can be utilized for full or part-time tuition to any college undergrad or graduate program, for technical college or for community college.

## **Submissions Must Include All of the Following in One Package**

- Application form completed.
- Essay as described on the application.
- Copy of transcripts/report cards showing last two years of grades and credits.
- Three completed recommendations in sealed envelopes.

## **Questions?**

Call the Chamber of Commerce at 337-893-2491 or email [lynn@vermilionchamber.org](mailto:lynn@vermilionchamber.org).  
1907 Veterans Memorial Drive, Abbeville, LA 70510 ♦ [www.vermilionchamber.org](http://www.vermilionchamber.org)

Vermilion Chamber of Commerce  
2019-2020 Scholarship Application Form

(Please Print or Type)

**Part I**

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Address City Zip Code

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

High School Attended \_\_\_\_\_ GPA \_\_\_\_\_

Post Secondary School Attending \_\_\_\_\_ GPA \_\_\_\_\_

*Application must include a copy of transcripts/report cards showing the last two years of grades and credits.*

Planned Major/ Course of Study \_\_\_\_\_

**CHAMBER CONNECTION**

(Must be completed to be considered.)

Please check the line that is appropriate and provide information where required.

\_\_\_\_\_ I am a Chamber Member.

\_\_\_\_\_ I am the child or spouse of the following Chamber member.

\_\_\_\_\_ I am an employee of the following Chamber Member.

\_\_\_\_\_ I am the child or spouse of an employee of the following Chamber member.

Chamber Member Business Name (print) \_\_\_\_\_

\_\_\_\_\_  
Signature of Chamber Member Representative

\_\_\_\_\_  
Date

**EXTRA-CURRICULAR SCHOOL ACTIVITIES**

Please complete in detail. List most recent first. Attach additional sheet if necessary

Organization/Activity	Positions Held	Years Involved	Leadership Role/ Honors/Awards

**SCHOOL HONORS, AWARDS AND SCHOLASTIC ACHIEVEMENTS**

Please complete in detail. List most recent first. Attach additional sheet if necessary

School	Award or Honor (Give Details)	Organization

## WORK EXPERIENCE

(Include Volunteer Experience and Internships)

Please complete in detail. List most recent first. Attach additional sheet if necessary

Dates	Place of Business	Position	Reason for leaving	Accomplishments

**Financial Need** (Please describe your financial need for this award and how will it be used. Attach additional sheets if necessary.)

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Describe any other scholarships or financial aid for which you have applied and identify scholarships you are receiving. (Attach additional sheets if necessary.)

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## Part II

**Essay Question** *(Response must be typed and be no more than 500 words in length, attached to this application.)*

If you were to return to your community following your education, how would you be involved in the community and what would you do to improve it?

## Part III

**Recommendation Form**—(Submit 3 copies of the form.)

Three recommendations are required for completion of this application packet. The Committee requires that one be from a school instructor, one from a Vermilion Chamber of Commerce member, and one from a community member familiar with your community and extracurricular activities. It is very useful to the people you are using as references if you provide general information about this scholarship's criteria in written form along with your request to complete the recommendation form.

Be sure to give the person, who is writing a recommendation for you, adequate time to complete the form. The deadline date, Wednesday, November 6, should be clearly identified by you to the writer when you make your request. You should provide an envelope addressed to the Vermilion Chamber of Commerce and include each sealed recommendation form with your application. It is your responsibility to see that the application is turned in on time and all other material required is included.

**Do not open sealed recommendation envelopes.**

Authorization for release of records: I hereby authorize the Vermilion Chamber of Commerce to release any information concerning my Academic Transcript and Scholarship Application to the Scholarship Committee and I permit the use of the information in the essay for use in publicity for the Vermilion Chamber of Commerce.

Applicant's Name (print) \_\_\_\_\_

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

## RECOMMENDATION FORM

PLEASE NOTE: The applicant named below is applying for a scholarship administered by the Vermilion Chamber of Commerce. Your recommendation is needed as part of the application process. **Please return this form to the applicant in a sealed envelope with your signature across the flap so he/she may submit it as part of a complete package.** In addition to completing the form, you may also include a personal letter of recommendation (optional).

School Instructor       Chamber Member       Community Member

Applicant's Name \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_

In what capacity have you known this individual? \_\_\_\_\_

Circle the rating most applicable to the applicant on the following criteria using the scale:

(1) Below Average	(2) Average	(3) Above Average	(4) Excellent	(5) Outstanding			
Goal Oriented			1	2	3	4	5
Prospect for Personal Success (career/personal)			1	2	3	4	5
Leadership Qualities			1	2	3	4	5
Responsibility/Reliability			1	2	3	4	5
Creativity/Resourcefulness			1	2	3	4	5
Extracurricular Involvement			1	2	3	4	5
Prospects for Academic Success			1	2	3	4	5

Remarks and general information concerning this individual you feel the selection committee should consider when screening this application, please elaborate on information provided. (Attach additional sheet(s) to elaborate.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Relationship to Applicant, if any

\_\_\_\_\_  
Name of Organization/Business

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date