



# PASS CHRISTIAN CHAMBER OF COMMERCE

Mississippi Gulf Coast Chamber of Commerce, Inc.



Connect



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## PASS CHRISTIAN CHAMBER OF COMMERCE SCHOLARSHIP APPLICATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS:

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

SS#: \_\_\_\_\_ DOB \_\_\_\_\_ HIGH SCHOOL: \_\_\_\_\_

GPA (4.0 Scale) \_\_\_\_\_ ACT Composite: \_\_\_\_\_ SAT: \_\_\_\_\_ Class Rank \_\_\_\_\_ of \_\_\_\_\_

PARENTS/GUARDIANS WITH WHOM YOU LIVE: \_\_\_\_\_

\_\_\_\_\_

Number of Children in Family \_\_\_\_\_ Number of Family Members in College \_\_\_\_\_

If you have received any scholarships to date, please name them and specify amounts:

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

College you plan to attend \_\_\_\_\_

Intended major \_\_\_\_\_

### Please review the following guidelines:

1. **The Pass Christian Chamber of Commerce Scholarship Application must be TYPED.** The application must be mailed to the Mississippi Gulf Coast Chamber of



4. What do you see for the future of the City of Pass Christian?

5. Who is your role model / inspiration? Why?

6. What do you know about the Mississippi Gulf Coast Chamber of Commerce, Inc.?

7. Why are you choosing your school of choice and your major?