

**GRANT COUNTY CHAMBER OF COMMERCE
KEMP NALL MEMORIAL SCHOLARSHIP**

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**Purpose:** To reward an outstanding student for service to their community.

**Amount:** \$500

**Criteria:**

- ❖ Must have attended or graduated from a Grant County school
- ❖ Has contributed substantial, quality community service
- ❖ Plans to attend post-secondary education
- ❖ 3.0 grade point average or above (based on 7 semesters)
- ❖ Has a record of Honors and Awards for school and community accomplishment

**Selection Process - Submit the following:**

- APPLICATION
- LETTER OF RECOMMENDATION
- ESSAY
- TRANSCRIPT and/or ACT SCORES

Applications will be rated independently by a panel selected from the Chamber Board of Directors.

**Students will be rated on a 100 point basis:**

- 1-65 points for community service (base pts on comm. ser. hrs. & essay content)
- 5-10 points for GPA
- 1-10 points for recommendation (quantity and quality of community service)
- 1-15 points for honor and awards (3 points. per honor/award)

**APPLICATION MUST BE SIGNED BY A COUNSELOR**

**GRANT COUNTY CHAMBER OF COMMERCE  
KEMP NALL MEMORIAL SCHOLARSHIP**

**MUST FILL OUT THIS APPLICATION / DO NOT RETYPE OUR FORM**

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

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_

GPA: \_\_\_\_\_

BEST ACT TEST SCORE: \_\_\_\_\_ (Attach Copy)

COLLEGE YOU PLAN TO ATTEND (Attach Proof of Enrollment) \_\_\_\_\_

HONORS AND AWARDS \_\_\_\_\_

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

NATURE OF COMMUNITY SERVICE

HOURS DONATED

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please submit a letter of recommendation by a non-family member attesting to your community involvement.

On a separate page write an essay describing the community service you have provided, describe how your service has benefited your community and how it has benefited you. The essay should not be more than two typewritten pages and will be judged on content more than style or length.

**Verification of above information by your school counselor:**

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Counselor

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Date

COMPLETED APPLICATION  
ATTACHED ESSAY  
ATTACHED TRANSCRIPT WITH ACT SCORES  
ATTACHED LETTER OF RECOMMENDATION

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.  
APPLICATIONS MUST BE FRONT SIDED ONLY, NO  
FRONT/BACK.  
APPLICATIONS MUST BE TURNED IN NO LATER THAT  
APRIL 12, 2019 TO YOUR COUNSELOR.**