

ROXBURY AREA CHAMBER OF COMMERCE SCHOLARSHIP

BASIS OF THE AWARD

These scholarships are awarded to the recipient for one academic year only. The same recipient may reapply for the subsequent years by submitting a new application and transcript of academic performance for the previous year to the Roxbury Area Chamber of Commerce.

ELIGIBILITY CRITERIA

The applicant must be a New Jersey resident, studying at an accredited college (in state or out-of-state) acceptable to the Roxbury Area Chamber of Commerce Selection Committee, in active pursuit of an Undergraduate or Graduate Degree in Business related fields.

Financial need, academic ability, personal interests and personal references will be evaluated in determining the successful recipient. All data and materials contained in and supplemental to this application will be used only by the Roxbury Area Chamber of Commerce Selection Committee and only to evaluate prospective candidates for determining the successful recipients.

APPLICATION

Return to: Roxbury High School Guidance Office by March 23, 2018

Award Date: June 6, 2018 at the annual Senior Awards Program

Applicant Name: _____
(Last) (First) (Middle or Initial)

Street Address: _____

Town: _____ County: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Parents or Guardians Names: _____

Street Address: _____

Town: _____ County: _____

State: _____ Zip: _____ Phone: _____

High School: _____

Address: _____

Town: _____ State: _____ Zip: _____

Telephone: _____ Counselor: _____

College Major: _____ **Grade Point Average:** _____

Other Education: (if any) _____

Most current official transcript of records available must be reviewed by application due date:

Enclosed: _____

Separate: _____

Working during Scholastic Year: (circle one) Full Time Part Time None

Employer: _____

Length of Service: From: _____

To: _____

Phone: _____

Please supply information on any prior experience. (Use separate sheet)

Personal References: (At least two references are required to be deemed complete. Please include letter from each reference)

The evaluation of scholarship applications is a difficult task when all that is submitted is a stack of cold facts regarding dollars desired and courses taken. Therefore, the most effective letters of recommendation are those that reveal the character as well as the accomplishments of the scholarship applicant. We suggest that you ask your references to include information about how long they have known you and under what circumstances their personal or professional knowledge of you, activities they may be aware of that you participate in or have organized. For academic references, both grades and participation in class and school activities are important in assessing each individual.

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Academic References: (REQUIRED – Please include letter from each academic reference)

Teacher's Name: _____

Address: _____

Town: _____ State: _____ Zip: _____ Phone: _____

Educational Enrollment Plans

School: _____

City: _____ State: _____

Circle/Specify Level of Educational Study this award request will apply toward:

Graduate Bachelor Associate Certificate Other: _____

Student's Academic Year this award request will apply toward:

Circle Academic Year of study to which you will be applying the award requested:

Freshman Sophomore Junior Senior Other: _____

Estimated Annual Educational Finances (One Academic Year)

	A Required	B Family/Applicant Provided	C Other* (Deduct)
Tuition	\$ _____	\$ _____	\$ _____
Fees	\$ _____	\$ _____	\$ _____
Books, Etc	\$ _____	\$ _____	\$ _____
Room & Board	\$ _____	\$ _____	\$ _____

Total Amount Requested: (A-B-C) \$ _____

* For C above state source; "Other" may be grants, other scholarships, employer educational reimbursement, loans, etc, or part-time work being planned

Student & Community Organizational Activities

Name of Organization: _____ National State Chapter

Membership _____

Elected Offices Held _____

Committees Served On _____

Committee Chairperson _____

Served as Representative or Delegate _____

Community Activities _____

Please list on a separate sheet any other activities, programs and/or awards that you participated in or received. Please indicate if you would be interested in participating in any of the various RACC activities, such as writing articles, assisting in Trig Start competitions, and service on committees, etc.

Essay (Required): Attach a separate sheet to explain clearly and concisely what has prompted you to pursue a career in Business or other related subject. This essay shall include the following:

- Identify other factors not stated in this application your financial need
- Indicate if you are a past recipient of Roxbury Area Chamber of Commerce award. If so, state year (s) and award amount (s).
- Provide additional information on other scholarships and/or employer educational reimbursement you have received in support of your degree
- Identify any courses taken that do not yet appear on your transcript, the school (s) where you took the course (s), and the credits expected for each course
- List the course (s) that you plan on taking in the upcoming semester/year. Include the number of credits per course and the school where you plan to take the course (s).

If you received a Roxbury Area Chamber of Commerce award from previous years, please forward a copy of your transcript and tuition receipts for classes financed all or in part by that award.

Photo: Please provide a current photo with your application. The photo may be used for future press releases.

Applicant's Acknowledgement and Acceptance of Terms

I hereby understand and accept that this grant will be used to further my education. If monies received are not used for the intended purpose, the scholarship award will be returned to the Foundation. I will forward to the Roxbury Area Chamber of Commerce a copy of my transcripts and tuition receipts for classes attended and completed, financed all or in part by this award. I accept these terms as agreed upon by myself and the Roxbury Area Chamber of Commerce.

Applicant Signature

Date: _____

Parent or Guardian (if under age)

Date: _____

Note: The Roxbury Area Chamber of Commerce and the Foundation, its officers, members, employees and agents, (herein collectively referred to as “RACC”), will exercise its best efforts to keep information provided by you in this application confidential. RACC will not intentionally disclose your information to any third party not affiliated with the RACC. RACC will not sell any portion of your information to any third party. Your information will be examined by the RACC in connection with your request for a scholarship. RACC shall not be liable for disclosure of your information to any third party not affiliated with the RACC as a result of its carelessness, negligence, or gross negligence. Your signature or that of your parent or guardian, on this application shall constitute a release of liability to RACC.

Incomplete applications shall not be considered for Scholarship. Make sure current official transcript and photo are included.

- Required information (Must be received by _____)
- Complete Application (include photo for publicity purposes)
- Current Official Transcript
- Reference Letters (At least two personal and one academic required)
- Letter of Interest including emphasis on Financial Need and Past Award Information (Essay)