

ROXBURY AREA CHAMBER OF COMMERCE SCHOLARSHIP

I. ELIGIBILITY CRITERIA

- A.** The applicant must be a graduating senior currently attending Roxbury High School OR a resident of Roxbury Township attending another high school (Private or Public).
- B.** The applicant is planning on studying at an accredited college (in state or out-of-state), in active pursuit of a degree in Business or related fields.

II. SELECTION PROCESS

The applicant's character, leadership, and service to the community will be used in consideration as well as the applicant's financial need, academic ability, personal interests and personal references. All of the private 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.

Return to: Roxbury High School Guidance Office by March 22, 2024

Or

Mail to: Roxbury Area Chamber of Commerce, PO Box 436 Ledgewood, NJ 07852 (must be received by April 1, 2024)

RHS Award Date: June 5, 2024 at the annual RHS Senior Awards Ceremony

REFERENCES

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, academic 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.

Personal Reference(s): At least one personal reference letter is required to be deemed complete. This person cannot be your teacher or guidance counselor, it should be someone on a personal level.

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

Academic References: (2 REQUIRED – Please include a letter from each academic reference)

Teacher's Name: _____

Phone: _____ Email: _____

Why did you choose this teacher as a reference? _____

Guidance Counselor's or Teacher's Name: _____

Phone: _____ Email: _____

EDUCATIONAL ENROLLMENT PLANS

Probable College Major: _____

Career Goal: _____

Choice of College/School	Accepted	Total Estimated Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

How will you finance your first year expenses?

STUDENT & COMMUNITY ORGANIZATIONAL ACTIVITIES

Attach a list of extra-curricular activities in your school and community in which you have actually actively participated. Include for each high school grade level - any teams, clubs, activities, programs and/or awards that you participated in or received, offices held and volunteer work.

PHOTO

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

ESSAY (Required)

Describe in a brief typed essay clearly and concisely what has prompted you to pursue a career in Business or other related subject. Include an explanation of your future plans and why you are worthy of receiving the scholarship.

APPLICATION CHECKLIST

Incomplete applications shall not be considered for our scholarship. Make sure your current official transcript and photo are included, or received by the due date.

- Required information (Must be received by April 1st at the latest)
- Complete Application (include photo for publicity purposes)
- Current Official Transcript
- Reference Letters (at least one personal and two academic required)
- Essay

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 Roxbury Area Chamber of Commerce. I accept these terms as agreed upon by myself and the Roxbury Area Chamber of Commerce.

Certification: By my signature, I certify that all of the information given by me on this form is true and complete to the best of my knowledge.

Applicant Signature

Date: _____

Parent or Guardian (if under age 18)

Date: _____