



Meridian Chamber of Commerce
SCHOLARSHIP PROGRAM
2017-18 ACADEMIC YEAR

College or University of Choice _____

Name _____

Address _____

Telephone _____

High School _____

Grade Point _____

Birth Date _____

Parents' Names _____

Proposed Major _____

Activities, honors, and leadership roles that might be relevant to the scholarship (i.e. high school/
community/volunteer activities, honors and recognitions)

TRANSCRIPTS/TEST SCORES: Include a copy of your most recent high school transcript with this application.

STATEMENT: On an additional sheet of paper, make a statement of your educational aims, chosen career, plans for accomplishment and any other information you consider to be pertinent. Please be aware that the selection committee places a strong emphasis on this statement.

CERTIFICATION: I hereby certify that to the best of my knowledge, all information submitted for this scholarship is complete and correct. I authorize the Scholarship Office at my College or University of choice to obtain such additional information concerning my educational program and financial circumstances as needed to consider me for this scholarship. I also authorize my College or University of choice to release information, which is pertinent to this application, to others involved in providing funds related to my education. I further authorize my College or University of choice to include my name, when appropriate, in the lists of winners to be posted on the scholarship bulletin board and to be publicized in the news media.

(Signature)

(Date)

PLEASE RETURN BY MARCH 1, 2017

**TO: Meridian Chamber of Commerce
Scholarship Committee
PO Box 7 • Meridian, ID 83680**

(Copies may be made as needed)

(Scholarship forms also available on www.meridianchamber.org)