



2024 Chamber Ambassadors Scholarship Application 4-Year Degree

Section I: Personal Data (Please Type or Print)

Name: _____
Last First Middle

Permanent Address: _____

City/State/Zip: _____

Telephone: _____

High School: _____

Graduation Date: _____

Name of College/University: _____

City/State: _____

Please indicate the Chamber member affiliate either you or your parent/guardian is associated with and your relationship.

Affiliate Name: _____

Employee Name: _____ Relationship: _____

Required Applicant Signature:

By signing below, I hereby certify that I am a high school senior graduating in 2024 and that all information set forth in this document is true and complete to the best of my knowledge. I give consent to the Ambassadors Scholarship Committee and The Chamber of Manitowoc County to access and release any or all the above information, including my photograph, as is necessary to conduct business and promotions.

Applicant Signature: _____ Date: _____

Required Signature of Parent or Legal Guardian:

My signature here indicates that the student whose name appears above is an applicant for The Chamber Ambassadors Scholarship and I give consent to the Ambassadors Scholarship Committee and The Chamber of Manitowoc County to access and release any or all the above information, including my child's photograph, as is necessary to conduct business and promotions.

Parent/Legal Guardian Signature: _____ Date: _____

Section II: Achievements & civic engagement (TYPE answers on a separate sheet)

Please answer, maximum two pages, typed, double-spaced the following:

1. Why do you feel The Chamber of Manitowoc County is important to our community?
2. List any honors or special recognition you have received and offices or leadership positions you have held and in what organizations.
3. List any other extracurricular activities or organizations in which you have been involved in.

APPLICATIONS DUE TO THE CHAMBER OF MANITOWOC COUNTY BY 4:30 P.M. Friday, April 5, 2024.

THE CHAMBER OF MANITOWOC COUNTY

ATTN: SCHOLARSHIP COMMITTEE

1515 MEMORIAL DR.

MANITOWOC, WI 54220