

2019 Chamber Ambassadors Scholarship Application

4-Year Degree

SECTION I:	PERSONAL DATA (PLEASE TYPE OR PRINT)		
Name:			
	Last	First	Middle
Permanent Add	dress:		
City/State/Zip:			
Telephone:			
High School: _			
Graduation Da	te:		
Name of Colleg	ge/University:		
City/State:			
relationship. Affiliate Name:			
Employee Nam	ie:		Relationship:
By signing below true and complete	te to the best of my kr nty to access and relec	nowledge. I give consent to the Ambassado	9 and that all information set forth in this document is rs Scholarship Committee and The Chamber of uding my photograph, as is necessary to conduct
Applicant Signa	ature:		Date:
My signature her I give consent to	the Ambassadors Sch	tudent whose name appears above is an ap	plicant for The Chamber Ambassadors Scholarship and lanitowoc County to access and release any or all of the usiness and promotions.
Parent/Legal G	uardian 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 extra-curricular activities or organizations in which you have been involved in.

APPLICATIONS DUE TO THE CHAMBER OF MANITOWOC COUNTY BY 4:30 P.M. TUESDAY, APRIL 2nd, 2019.

THE CHAMBER OF MANITOWOC COUNTY ATTN: SCHOLARSHIP COMMITTEE 1515 MEMORIAL DR. MANITOWOC, WI 54220