

2020 Chamber Ambassadors Scholarship Application 4-Year Degree

SECTION I:	PERSONAL DATA (PLEASE TYPE OR PRINT)			
Name:				
	Last	First	Middle	
Permanent Ado	dress:			
City/State/Zip:				
Telephone:				
High School: _				
				_
City/State:	•			
relationship.		affiliate either you or your parent/guard	,	
			Relationship:	
By signing beloand complete t	to the best of my knowle unty to access and releas	edge. I give consent to the Ambassador	2020 and that all information set forth in this docum is Scholarship Committee and The Chamber of ncluding my photograph, as is necessary to conduct	
Applicant Signa	ature:		Date:	
My signature h I give consent t above informat	to the Ambassadors Scho tion, including my child's	udent whose name appears above is an olarship Committee and The Chamber of s photograph, as is necessary to conduc	·	
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.

 $APPLICATIONS\ DUE\ TO\ THE\ CHAMBER\ OF\ MANITOWOC\ COUNTY\ BY\ 4:30\ P.M.\ Thursday\ ,\ APRIL\ 2nd,\ 2020.$

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