

**SECTION I:** 

## **2023 Chamber Ambassadors Scholarship Application**

4-Year Degree

	,	
Name:Last	First	Middle
Permanent Address:		
City/State/Zip:		
Telephone:		
High School:		
Graduation Date:		
Name of College/University:		
City/State:		
relationship.  Affiliate Name:		
Employee Name:		Relationship:
true and complete to the best of my knowle	edge. I give consent to the Ambassa	023 and that all information set forth in this document is dors Scholarship Committee and The Chamber of acluding my photograph, as is necessary to conduct
Applicant Signature:		Date:
Required Signature of Parent or Legal ( My signature here indicates that the student I give consent to the Ambassadors Scholars, above information, including my child's pho	nt whose name appears above is an h hip Committee and The Chamber of	applicant for The Chamber Ambassadors Scholarship and f Manitowoc County to access and release any or all of the 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?

PERSONAL DATA (PLEASE TYPE OR PRINT)

- 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. Friday, March 31, 2023.

THE CHAMBER OF MANITOWOC COUNTY

ATTN: SCHOLARSHIP COMMITTEE

1515 MEMORIAL DR.

MANITOWOC, WI 54220