

## 2024 Chamber Ambassadors Scholarship Application

2-year, Technical or Associates Degree

## Section I: Personal Data (Please Type or Print)

Name:				
	Last	First	Middle	
Permanent Address	s:			
City/State/Zip:				
migii school.				
Graduation Date:				_
Please check one:	Pursuing a 2-Year	Technical	Associates	
Name of College/U	niversity:			
Please indicate the	Chamber member affiliate	either you or your parent/guardian is ass	sociated with and your relationship.	
Affiliate Name: _				
Employee Name:			Relationship:	
Required Applicant	t Signature:			
	-	gh school senior graduating in 2024 and th	hat all information set forth in this document is true and	
			mmittee and The Chamber of Manitowoc County to	
access and release (	any or all the above informa	tion, including my photograph, as is neces.	sary to conduct business and promotions.	
Applicant Signature	e:		Date:	
	of Parent or Legal Guardian			
, -			for The Chamber Ambassadors Scholarship and I give	
			nty to access and release any or all the above	
information, includi	ing my child's photograph, as	s is necessary to conduct business and pro	motions.	
Parent/Legal Guard	dian 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 two career goals and briefly explain your plan to achieve each goal.
- 3. Describe employment skills that you have already developed/attained that will help you in your chosen career. Also, list any other extracurricular activities, organizations, or work experience 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