

## 2025 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:			
Telephone:			
High School:			
Graduation Date:	_		
Please check one:	Pursuing a 2-Year	TechnicalA	ssociates
Name of College/U	niversity:		
Please indicate the  Affiliate Name:		ate either you or your parent/guardian is asso	
Employee Name:			Relationship:
complete to the bes	hereby certify that I am o at of my knowledge. I give		t all information set forth in this document is true and mittee and The Chamber of Manitowoc County to ary to conduct business and promotions.
Applicant Signature	e:		Date:
My signature here i consent to the Amb	assadors Scholarship Cor		
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. Monday, April 7, 2025.

THE CHAMBER OF MANITOWOC COUNTY

ATTN: SCHOLARSHIP COMMITTEE

1515 MEMORIAL DR.

MANITOWOC, WI 54220