

4-Year Degree

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

Name:		
Last	First	Middle
Permanent Address:		
City/State/Zip:		
Telephone:		
High School:		
Graduation Date:		
Name of College/University:		
City/State:		
Please indicate the Chamber member affiliate eith Affiliate Name:	ner you or your parent/guardian is asso	
Employee Name:		Relationship:
Required Applicant Signature: By signing below, I hereby certify that I am a high so complete to the best of my knowledge. I give conser access and release any or all the above information Applicant Signature:	nt to the Ambassadors Scholarship Com n, including my photograph, as is necesso	ary to conduct business and promotions.
		Date.
Required Signature of Parent or Legal Guardian: My signature here indicates that the student whose consent to the Ambassadors Scholarship Committee information, including my child's photograph, as is Parent/Legal Guardian Signature:	e and The Chamber of Manitowoc Coun	
<ul> <li>Section II: Achievements &amp; civic engagement (TYPE answers on a separate sheet)</li> <li>Please answer, maximum two pages, typed, double-spaced the following:         <ol> <li>Why do you feel The Chamber of Manitowoc County is important to our community?</li> <li>List any honors or special recognition you have received and offices or leadership positions you have held and in what organizations.</li> <li>List any other extracurricular activities or organizations in which you have been involved in.</li> </ol> </li> <li>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         </li> </ul>		