

Appomattox County Chamber of Commerce
“Jon B. Montgomery Memorial Scholarship” Application
(Deadline for submission is May 1, 2016)

NOTE: Family members of Chamber’s current Board of Directors or Scholarship Committee members are ineligible to apply for Chamber Scholarship.

STUDENT INFORMATION: (Applicant MUST be a direct relative of Chamber member or of the Chamber member’s employee, and must reside in the same household in order to be eligible for the Chamber Scholarship)

Student’s Full Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____ Phone Number: _____

Indicate # of AND ages of siblings: _____

PARENT/GUARDIAN INFORMATION:

• FATHER’S (or Guardian) Name: _____

Employer’s Name & Phone Number: _____

Occupation: _____

Is employer a current Chamber Member: Y N Relationship to Chamber Member: Owner Employee

• MOTHER’S (or Guardian) Name: _____

Employer’s Name & Phone Number: _____

Occupation: _____

Is employer a current Chamber Member: Y N Relationship to Chamber Member: Owner Employee

Total combined income for 2015 (as listed on current tax return): \$ _____

EDUCATION INFORMATION:

List the accredited colleges/vocational schools to which you have applied and/or been accepted: (attach additional sheet if necessary)

Name: _____ Accepted: Y N

Name: _____ Accepted: Y N

Name: _____ Accepted: Y N

If you have not yet been accepted, when do you expect to be and to where? _____

What do you intend to study? _____

List, by name & amount, the scholarships you have applied for and/or received as of today: (attach additional sheet if necessary)

Name: _____ Amount: \$ _____ Received: Y N

Name: _____ Amount: \$ _____ Received: Y N

Name: _____ Amount: \$ _____ Received: Y N

Are there any unusual circumstances which curtail the family income or increase the family expenses? (Explain in Detail)

Dated

Student Signature

Dated

Parent/Guardian Signature