Havre de Grace Chamber of Commerce; Alliance Foundation

Scholarship Application Form

Applicant Information

Full Name: _____

Home Address: _____

City / State / Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

High School: _____

Expected Graduation Date: _____

Current GPA: _____

Parent / Guardian Information

Parent/Guardian Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Academic Honors & Awards

List any academic honors, awards, or recognitions:

Extracurricular Activities & Leadership

List school activities, clubs, sports, and leadership roles:

Activity / Organization – Role – Years Involved

Community Service & Volunteer Work

Describe your community involvement and volunteer activities:

Essay

In 300–500 words, describe your academic achievements, community involvement, personal character, and future goals. Explain how this scholarship will support your education.

References

Reference #1 Name / Title / Contact Information:

_____

Reference #2 Name / Title / Contact Information:

_____

Certification & Signature

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if required): _____ Date: _____