

KNOX COUNTY CHAMBER OF COMMERCE
SCHOLARSHIP APPLICATION
(Due to the counselor by March 15th)

Section I. Information to be supplied by Applicant

(PLEASE TYPE OR PRINT)

Name in full _____

Date of Birth _____ Male _____ Female _____

Name of Parent/Guardian _____

Address of Parent _____

Occupation of: Father _____ Mother _____

Number of siblings older than you _____ Younger _____

In the space below, summarize your school/community activities. List organizations you are a member of and offices held:

College you plan to attend _____ Entry Date _____

What are your educational plans?

Anticipated college expense 1st year: _____

Your personal contribution toward college expense: _____

Known financial assistance & scholarship amounts: _____

In the space provided, write a projection of what you'll be doing five years from now. Include type of employment and/or education and location:

The applicant herewith consents that the Scholarship Selection Committee be fully informed as to the Applicant's scholastic standing, character, and other factors having a bearing on this application.

Signature of Applicant

After you have completed your part of this application, present this to your counselor for his/her certification.

Section II. Information to be supplied by Counselor

This is to certify that the above applicant ranked _____ on the first seven semesters of work in a class of _____ seniors. The following college aptitude test was taken:

<u>Name of Test</u>	<u>Composite Score</u>	<u>Percentile Rank</u>	<u>Date Tested</u>
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The committee would appreciate a brief statement concerning your evaluation of this applicant's citizenship and worthiness for scholarship consideration. Thanks.

Date: _____

Counselor's Signature

Name of High School