**Western Chester County Chamber of Commerce**

**2018 Scholarship Application**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative GPA at end of the First Semester of Your Senior Year\_\_\_\_\_\_\_\_\_

University/College/School you will be attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree, certification or licensure you are planning to pursue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach the following:

* A transcript or a copy of your report card for the first semester of your senior year. The report card or transcript must show your cumulative GPA.
* A list of your school activities and/or community service including the number of years and type of involvement.
* A recommendation from an administrator, teacher or coach or other personal reference – see the WCCCC recommendation form.
* A typewritten, double spaced essay of at least 250 words but not more than 750 words that answers the following:
	+ What do you plan to do with your education?
	+ What are your long-term career goals?
	+ Why would you be a good choice to receive this scholarship?
	+ How are you planning to fund your education?

**Return Recommendation to:**

Western Chester County Chamber of Commerce
Scholarship Selection Committee

Lukens Executive Office Building

50 South First Avenue

Coatesville, PA 19320

**Directions to Applicants**: Give this form to the individual from whom you are seeking a recommendation.
Request that they return the completed recommendation to the address listed above by April 15, 2018.

**Recommendation for WCCCC Scholarship**

**Recommendation for:**
 (Student’s Name)

**Recommended by:**

 (Name) (Title)

**Contact number:** **Relationship to Applicant**:

**Please describe your recommendation below:**