



LA VERNE CHAMBER OF COMMERCE 2020 SCHOLARSHIP PROGRAM

The La Verne Chamber of Commerce believes that a well-educated workforce makes good business sense for a vital and healthy Southern California. The Scholarship Program encourages students to pursue higher education following high school. It is open to graduating seniors whose primary residence is La Verne, CA who will be attending a vocational/technical school, a Community College or four-year college or university.

AWARDS

The Chamber of Commerce will award multiple scholarships up to \$500 each. If applicable, 50% of scholarships will be awarded to students attending vocational /technical schools and 50% will be awarded to students attending Community College or four-year college or university. Scholarship recipients will be invited to attend their school's Awards Night to receive their scholarship.

APPLICANT ELIGIBILITY

1. Applicants must be graduating seniors whose primary residence is in La Verne, CA. They must plan to enter an accredited vocational/technical school or accredited two- or four-year college or university. Students must be enrolled in the Fall 2020 academic term.
2. Applicants must have an academic non-weighted 2.3 grade point average or better.
3. Applicants must have participated in projects and activities outside the realm of work and formal education.

SELECTION PROCESS

Selection: Recipients are selected based on work experience, participation in community service, financial need, and academic achievement. We are looking for a well-rounded student who exemplifies a combination of the factors listed above.

APPLICATION CHECKLIST

The application becomes complete and valid only when you have **TURNED IN ALL OF THE FOLLOWING MATERIALS:**

- ☐ Scholarship Application
- ☐ GPA Information **(to be completed and signed by your counselor)**
- ☐ Sealed Official transcript(s) of grades
- ☐ Community Service Information
- ☐ Recommendation Forms **(two required to be sealed and signed)** 1 (one) from volunteer coordinator, and 1 (one) from work, organizations such as Boy Scouts, Girl Scouts, church groups, school groups / organizations, teacher*, etc.

*If the recommendation is coming from a teacher, please make sure they include a personal insight as why you deserve the scholarship.

DEADLINE AND MAILING ADDRESS

All materials, including transcript, must be returned to:

La Verne Chamber of Commerce
2332 D Street Unit E
La Verne, CA 91750

Deadline for receipt of application and transcripts: March 20, 2020 1:00 pm

Names of winners will be announced on the La Verne Chamber of Commerce website in May 2020

The website address is www.LaVerneChamber.org.

DISTRIBUTION OF AWARDS

Distribution of Awards: The scholarship will be awarded for the Fall 2020 college semester/quarter and will be issued upon receipt of verification of full-time enrollment. Verification is due as soon as a student is enrolled, and such verification must be received no later than October 31, 2020 (**postmarks not accepted**). Awards will be issued through the La Verne Chamber of Commerce and **given* directly to the students upon presentation of class list, after their school's drop date.** *If the Student is out of the area, special arrangements will be made.

Forfeiture of Awards: Students selected to receive a scholarship who do not complete the required information, who fail to submit verification of enrollment, or who fail to enroll for Fall 2020 will forfeit their award. Due to budget limitations, the La Verne Chamber of Commerce cannot hold over awards from one academic term to the next. Therefore, **any funding for unclaimed scholarships will be canceled on December 31, 2020.**

PROGRAM LIMITS

1. The La Verne Chamber of Commerce retains the right to change or terminate this program at any time.
2. The La Verne Chamber of Commerce is not responsible for lost applications, lost verifications of enrollment, or information misplaced or delayed through the mail or other delivery process.
3. Once submitted, all information becomes the property of the La Verne Chamber of Commerce.
4. Decisions are final.

FOR MORE INFORMATION

If you have other questions, please call the La Verne Chamber of Commerce at (909) 593-5265.

2020 LA VERNE CHAMBER OF COMMERCE SCHOLARSHIP APPLICATION

APPLICANT MUST SUBMIT ORIGINAL APPLICATION ON OR BEFORE MARCH 20, 2020 1:00 PM (POSTMARKS NOT ACCEPTED).

**NOTE: ILLEGIBLE/INCOMPLETE APPLICATIONS OR THOSE THAT DO NOT INCLUDE TRANSCRIPTS WILL BE DISQUALIFIED.
TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES. USE INK WHEN FILLING OUT APPLICATION.**

APPLICANT DATA

NAME Last _____ First _____ Middle Initial _____

PERMANENT HOME MAILING ADDRESS Number _____ Street _____ Apartment # _____

City _____ State _____ Zip Code _____

Telephone (____) _____ E-mail _____

DATE OF BIRTH Month _____ Day _____ Year _____

PARENT OR GUARDIAN INFORMATION

NAME Last _____ First _____

Relationship to Applicant _____ Message or Work Phone _____

HIGH SCHOOL School Name _____ Graduation Date: Month and Year _____

GPA INFORMATION

The applicant's academic, non-weighted GPA is _____

To be completed by high school Counselor

Number of school-credited community service hours _____

Counselor's Name _____ E-mail _____

Counselor's Signature _____

POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) **Use official school names. Do not use abbreviations.**

_____ City _____ State _____

_____ City _____ State _____

☐ 4 yr. College or University ☐ Community College ☐ Vocational/Technical School

Major or course of study _____

Anticipated degree: ☐ BA/BS ☐ Associate ☐ Certificate _____

Month _____ Year _____

1. GOALS AND ASPIRATIONS

Describe your plans as they relate to your educational and career objectives and long-term goals.

2. FINANCIAL NEED

Please describe your financial situation and how this award will be used and list all other scholarships you have applied for.

3. VALUE OF COMMUNITY SERVICE

Describe school or community activities in which you have been involved. Describe your duties, responsibilities, and/or tasks performed as a volunteer. What was the most valuable aspect that you learned from these hours that you served and how has that affected your community involvement and future work experience?

4. VALUE OF WORK EXPERIENCE

Describe your employment experiences. What motivated you to work? What was the most valuable aspect that you learned?

PLEASE ATTACH YOUR TYPED RESPONSE TO THE FOLLOWING QUESTION (500 words or less)

5. PERSONAL STATEMENT ESSAY

Describe your unique personal or professional attributes that would assist the selection committee in making a positive decision regarding your application. Include the events/experiences that have motivated you to follow your chosen career path.

PLEASE COMPLETE THE FOLLOWING INFORMATION (ATTACH ADDITIONAL SHEET IF NECESSARY)

SCHOOL ACTIVITIES

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.).

Activity	Number of years	Special Awards	Positions Held

COMMUNITY SERVICE

List all community activities in which you have participated **without pay** during the past four years (e.g., La Verne Chamber of Commerce, Boy/Girl Scouts, hospital volunteer, Special Olympics, City Library, church). Note all special awards, honors and offices held. (may add additional page)

Location		Activities	Number of Hours

WORK EXPERIENCE

List employment during the past four years.

Employer	Number of Years	Position	Duties

CERTIFICATION

I certify that I meet the basic eligibility requirements of the program as described herein and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information will result in disqualification for any scholarships. This application becomes the property of La Verne Chamber of Commerce. It is recommended that you keep a copy for your files.

Print Student's Name _____ Student's School _____

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

RECOMMENDATION FORM (Two Recommendation Forms required)

Print Student's Name: _____ **School:** _____

1. What is the nature of the community service or employment?

2. What were the contributions/duties of the student?

3. What was your impression of the student's work/contributions?

4. How did the student's work/contributions affect the community or your organization?

5. Please feel free to share any additional comments.

Supervisor Name _____ Phone _____
(Printed or typed)

Business/Organization _____

Signature _____ Date _____

PLEASE RETURN TO STUDENT ENCLOSED IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE SEAL.

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