

**WOMEN'S DIVISION CHAMBER OF COMMERCE
MUSKEGON, MI
SCHOLARSHIP APPLICATION**

PLEASE TYPE OR PRINT

Name _____

Telephone Numbers: (Cell) _____ (Home) _____

E-mail Address: _____

Address: _____

City: _____ Zip: _____

Present High School or College: _____

What school do you plan to attend in the fall of 2017? MCC _____ or Baker _____

(If you are presently in college, please indicate your fall 2017 status in the appropriate space)

- | | | |
|---|---|---|
| <input type="checkbox"/> Muskegon Community College | <input type="checkbox"/> 1 st year | <input type="checkbox"/> 2 nd year |
| <input type="checkbox"/> Baker College | <input type="checkbox"/> 1 st year | <input type="checkbox"/> 2 nd year |

Who or what has had the greatest influence in your desire to pursue a college education?

How will you pay your college expenses and what are you doing now to prepare for that?

What career goal/s do you plan to pursue?

Do you know what your major field of study will be?

Name school organizations and activities in which you have participated.

Indicate offices you have held and honors or recognition you have received at school.

Name church activities, community organizations, or volunteer work you have participated in recently.

Please explain why you should be considered for our scholarship. _____

Signature _____ Date _____

Please MAIL this form with an OFFICIAL TRANSCRIPT of your grades postmarked by March 10, 2017

to:

Women's Division Chamber of Commerce,
Scholarship Committee
Post Office Box 1665
Muskegon, MI 49443

Please see your counselor for more details.