



PO Box 132  
Breese, IL 62230

## Breese Chamber of Commerce

### 2022 Scholarship

The Breese Chamber of Commerce is accepting applications from the graduating seniors of 2022. The Chamber continues to grow the Scholarship Program allowing the awards to grow as well as the continued reward for the donors and the commitment to the local business community.

**Scholarship Mission:** To provide \$1,000 for a deserving student with a true desire to return to Clinton County after higher education to apply life and educational lessons to the business community of Clinton County. The impact will be felt not only by individual students, but by the individuals and businesses contributing financially to the future of the Scholarship.

Any current senior of Central High School and Mater Dei High School may apply. The Breese Chamber of Commerce will award \$1,000 to a Senior of Central High School and \$1,000 to a Senior of Mater Dei High School.

Scholarship is available to a graduating senior from each school who is seeking further education in an Associate's Degree, Bachelor's Degree, or Trade School Certification.

Students interested in applying for the Breese Chamber of Commerce Scholarship will be required to complete the Scholarship Application, provide two letters of reference as well as a Statement of Accuracy for Students and a Statement of Support by Guidance Counselor. Interviews may be requested of finalist. Applications must be mailed to the Breese Chamber of Commerce, P.O. Box 132, Breese, IL 62230, no later than April 15, 2022.

Each scholarship will be awarded based on the merits provided in this application.

#### APPLICATION:

YOUR NAME:

FIRST

LAST

HOME PHONE:

PERMANENT ADDRESS:

STREET ADDRESS

CITY

STATE

ZIP

**EMAIL ADDRESS:**

**PARENT(S) OR GUARDIAN(S) NAME:**

**GRADUATION DATE**

**MONTH**

**DAY**

**YEAR**

**CUMULATIVE GPA**

**HIGH SCHOOL GRADUATING FROM:**

**SCHOOL/COLLEGE/TRADE SCHOOL PLANNING TO ATTEND:**

**INTENDED MAJOR:**

**EDUCATION/CAREER GOALS: (In 100 words or less, attach additional pages if needed)**

**LEADERSHIP ROLES HELD:**

**COMMUNITY SERVICE:**

**WORK EXPERIENCE AND/OR VOLUNTEER EXPERIENCE:**

**WHAT DO YOU THINK LOCAL BUSINESS MEANS TO OUR COMMUNITY?: (100 WORDS OR LESS – ATTACH ADDITIONAL PAGES IF NEEDED)**

**WHY ME? (100 WORDS OR LESS AS TO WHY THE CHAMBER SHOULD CONSIDER YOU FOR THE SCHOLARSHIP)**

**ATTACH TWO LETTERS OF REFERENCE**

**STATEMENT OF ACCURACY FOR STUDENTS**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Breese Chamber of Commerce Scholarship Program. (Winner may waive photo due to unusual or compelling circumstances)

I hereby understand that if chosen as a scholarship winner, according to Breese Chamber of Commerce Scholarship policy, I must be present at any potential awards ceremony, surprise, or reception in May 2022 to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, according to Breese Chamber of Commerce Scholarship policy, it is my responsibility to remit to the Chamber the appropriate information for my scholarship to be paid directly to my educational institution.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

SIGNATURE OF SCHOLARSHIP APPLICANT:

\_\_\_\_\_ DATE: \_\_\_\_\_

**STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR**

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Breese Chamber of Commerce.

Name of Guidance Counselor submitting the application:

\_\_\_\_\_

High School

\_\_\_\_\_

Contact information (email and phone #)

\_\_\_\_\_ email

\_\_\_\_\_ phone #

Signature of Guidance Counselor:

\_\_\_\_\_ DATE: \_\_\_\_\_