

Aberdeen Chamber of Commerce  
1013 Beards Hill Rd. Box 426  
Aberdeen, Md. 21001



## SCHOLARSHIP APPLICATION

(Please complete in full and include all documentation as listed under **Requirements.**)

COLLEGE:	<input type="text"/>	MAJOR:	<input type="text"/>
G.P.A.:	<input type="text"/>	DATE:	<input type="text"/>
1. Name (Print)	<input type="text"/>		
2. Home Address	<input type="text"/>		
3. Home Phone Number	<input type="text"/>		
4. Current Employer (Name and Telephone)	<input type="text"/>		
	<input type="text"/>		
5. College Address	<input type="text"/>		
6. College Telephone	<input type="text"/>		
7. High School Attended (Full address):	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
8. Anticipated Graduation Date	<input type="text"/>		

9. If applicable, on a separate sheet, please include specific information about your participation in Community Service Activities, Employment, Extra-Curricular School Activities, Awards or Honors achieved. This should include cumulative participatory hours for community service/volunteer work, dates of awards or honors, number of hours spent in employment, etc.

10. Please list other approved scholarships and the dollar amount of the award.

In making application, I understand that I am applying for a one-time \$1,000.00 award; that my application and accompanying documentation becomes the property of the Aberdeen Chamber of Commerce and that the decision of the judges is final.

---

Scholarship Applicant (Signature)

Nominating Parent/Legal Guardian/Teacher (Signature)

---

Printed Name Applicant

Printed Name Parent/Legal Guardian/Teacher

**Print this form and return to:**

Aberdeen Chamber of Commerce 1013 Beards Hill Rd. Box 426, Aberdeen, Md. 21001 Attn: Scholarship Application