

## **2019 SCHOLARSHIP APPLICATION**

### **FULTON MONTGOMERY REGIONAL CHAMBER OF COMMERCE**

*The Fulton Montgomery Regional Chamber of Commerce, together with its 900+ members and their thousands of employees, is committed to the economic vitality and quality of life in our region. The Chamber is committed to a sound economy and environment for those businesses and industries we represent, and encourages our young people to pursue careers that will enhance the business, industrial, and technological resources of the area.*

#### **THE FULTON MONTGOMERY REGIONAL CHAMBER SCHOLARSHIP PROGRAM**

The Scholarship Program was established in 1986 to provide financial assistance and incentives for students interested in pursuing a course of college study.

- This year's program will consist of four one-time \$1,000 awards.
- To be eligible for a Chamber Scholarship, a student must be a high school senior graduating from a Fulton or Montgomery County high school in June 2019 or applicants who have previously graduated from a Fulton or Montgomery County high school.
- Applicants must also be attending or entering a 2-year or 4-year college or university as of September 2019.
- The recipients of the scholarships will be selected by the Chamber's Scholarship Committee. The application, essay, references and a copy of your academic transcript must be **RECEIVED** by the Fulton Montgomery Regional Chamber of Commerce at 2 N. Main Street, Gloversville, NY 12078 or 1166 Riverfront Center in Amsterdam, NY 12010 by 5:00 p.m. on Friday, May 17, 2019.
- The Chamber's Scholarship Committee will make its decisions based on the applicant's essay, academic achievement, community involvement, economic needs and information provided by the two references. The decision of the Committee is final.
- Recipients will receive the monetary award subject to providing verification of college enrollment.

#### **APPLICATION PROCEDURES**

1. Complete the scholarship application, which is available by at both Chamber offices or by contacting the Chamber office @ (518) 725-0641 or [info@fultonmontgomeryny.org](mailto:info@fultonmontgomeryny.org), on our website [www.fultonmontgomeryny.org](http://www.fultonmontgomeryny.org) or by contacting your high school guidance counselor.
2. Obtain two (2) references. Use the forms provided with the scholarship application. Completed references should be submitted directly to the Chamber office.
3. Complete an essay of 500 words or less on your career goals and why this scholarship is important to you. The essay must be typewritten and double-spaced.
4. Submit a transcript of your most recent educational record, along with your essay, and completed application. References can be submitted separately (see number 2).
5. The Chamber Scholarship Committee will conduct personal interviews with finalists to determine the award winners. Chamber staff will contact you directly for scheduling if you are chosen for an interview.

## 2019 SCHOLARSHIP APPLICATION FULTON MONTGOMERY REGIONAL CHAMBER OF COMMERCE

Name: \_\_\_\_\_  
  Last  First  Middle

Home Phone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_ Alternate: (    ) \_\_\_\_\_

Address: \_\_\_\_\_  
  Street  City  State  Zip

Email: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Additional Education Institutions Attended: \_\_\_\_\_

Certificate/Diploma/Degree: \_\_\_\_\_ Dates: \_\_\_\_\_

What is your planned major area of study, and the degree you plan to pursue? \_\_\_\_\_  
\_\_\_\_\_

List School and Community Activities: (use additional sheets if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Academic and other Honors: (use additional sheets if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you employed currently or seasonally: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

How many hours per week? \_\_\_\_\_ Type of Employment: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name and address of College or University you to plan to attend in *FALL 2019*: \_\_\_\_\_  
\_\_\_\_\_

Have you been accepted: Yes \_\_\_\_\_ No \_\_\_\_\_

**HOUSEHOLD INFORMATION** *(to be completed by parent or guardian)*

Relationship to applicant: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

**Please submit your application packet including a copy of your academic transcript, essay, two references, and completed application to The Fulton Montgomery Regional Chamber of Commerce at 2 N. Main Street, Gloversville, NY 12078 or 1166 Riverfront Center in Amsterdam, NY 12010 by 5:00 p.m. FRIDAY, MAY 17, 2019. MATERIALS MUST BE RECEIVED BY THOSE DEADLINES OR WILL NOT BE CONSIDERED.**

I give the Fulton Montgomery Regional Chamber of Commerce permission to release details of my scholarship award to the media if I am selected as a recipient.

**Signature:** \_\_\_\_\_  
*(Parent or guardian signature if the applicant is under 18 years of age.)*

**FULTON MONTGOMERY REGIONAL CHAMBER OF COMMERCE**  
2 N. MAIN STREET, GLOVERSVILLE, NY 12078  
(518) 725-0641 / FAX (518) 725-0643  
1166 RIVERFRONT CENTER, AMSTERDAM, NY 12010  
EMAIL: info@fultonmontgomeryny.org

**REFERENCE FORM**

\_\_\_\_\_ has applied for a Fulton Montgomery Regional Chamber of Commerce Scholarship in the amount of \$1,000 and has listed you as a reference. This form *must* be **RECEIVED** by the Chamber at the address below **by 5:00 p.m. on Friday, May 17, 2019.** Additional paper or letter of reference must be attached to form.

How long have you known the applicant and in what capacity? \_\_\_\_\_

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Why do you believe the applicant will be successful in their chosen career? Why?

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What is your evaluation of the applicant's academic potential? \_\_\_\_\_

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Describe economic or unique factors that make the applicant especially worthy of receiving this scholarship.

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Additional Comments

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Please print name: \_\_\_\_\_

Signature: \_\_\_\_\_

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Describe economic or unique factors that make the applicant especially worthy of receiving this scholarship. \_\_\_\_\_

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Additional comments. (Please reverse side if additional space is needed.) \_\_\_\_\_

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Please print name: \_\_\_\_\_

Signature: \_\_\_\_\_