



Helendale Chamber of Commerce

Helendale Chamber of Commerce
P.O. Box 1449 Helendale Ca. 92342
(760) 952-2231

SCHOLARSHIP AWARDS PROGRAM

The Helendale Chamber of Commerce Scholarships are give to Helendale students in recognition of the outstanding contributions made by them in their community.

INSTRUCTIONS:

Before you begin BE SURE YOU MEET ALL QUALIFICATIONS.

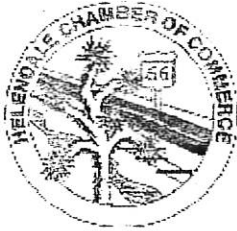
Applications should be typed or neatly printed.

Completed applications must be submitted directly to the Helendale Chamber of Commerce at P.O. Box 1449, Helendale, Ca. 92342 no later than May 8, 2015. We cannot emphasize enough that each application must have all the information required attached to the application when it is submitted for consideration. PARENTS SIGNATURES ARE REQUIRED.

QUALIFICATIONS:

1. Applicant must be a graduation senior in good standing.
2. Applicant must have a minimum 2.5 GPA
3. Applicant must be a legal U.S. citizen.
4. Applicant must provide their most recent official sealed transcripts, a brief personal essay and must complete the personal data section. Applicant must submit (3) three completed evaluation forms (attached) filled out and signed by teachers or counselors.
5. The funds are disbursed in two increments: \$500 at the beginning of the term and the remaining \$500 at the beginning of the next semester. The second funds will be disbursed upon receipt of a signed letter from your educational institution stating that you are a student in good standing along with a copy of your 1st semester transcript.
6. Applicant must apply for the 2nd half of their funds no later that May 8, 2015.
7. All applications become the property of the Helendale Chamber of Commerce and will not be returned.

**P.O. Box 1449 Helendale, CA 92342-01449
(760) 952-2231 FAX (760) 245-9908**



Helendale Chamber of Commerce Scholarship Application

Applicant Personal Data

Name _____
Last First Middle

Address _____

Telephone # _____ Birthdate ____ / ____ / ____ SSN _____

High School _____ Telephone# _____

Parent / Guardian Name _____

Applicant Consent

I certify that the information provided on this application is complete and accurate.

If selected to receive a scholarship, I give the Helendale Chamber of Commerce permission to publicize the award.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Helendale Chamber of Commerce

Recommendation / Evaluation Form

Student/Applicant Name

This student is applying for a scholarship award to be given by the Helendale Chamber of Commerce. The information you provide will be most helpful to the scholarship committee. Please use this sheet to briefly describe the positive characteristics you have observed in this student. Thank you for your assistance.

Academic Promise

Consideration of Others

Integrity

Initiative

Perseverance

Name _____ Title _____

Relationship to Applicant _____ Phone

Signature _____ Date _____

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