



ANDROSCOGGIN CHAMBER OF  
COMMERCE  
ADULT SCHOLARSHIP APPLICATION  
2009

## Scholarship Checklist

Prior to submitting your application for scholarship please take a minute and review that you have all the necessary information. **Incomplete applications will not be considered. Priority will be given to students who have not received our scholarship before.**

Thank you

**Education Committee**

### Check List

- ☺ Essay
- ☺ Completed and signed copy of scholarship application
- ☺ Completed and signed employment verification form
- ☺ Letter of reference/recommendation from employer

**ANDROSCOGGIN COUNTY CHAMBER OF COMMERCE  
ADULT SCHOLARSHIP APPLICATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Number of Years Employed There:** \_\_\_\_\_

**College Attending:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Are you a matriculated student there?** \_\_\_ Yes \_\_\_ No

**Academic program:** \_\_\_\_\_

**G.P.A.** \_\_\_\_\_

## **ANDROSCOGGIN COUNTY CHAMBER OF COMMERCE ADULT SCHOLARSHIP**

The purpose of the Adult Scholarship Program is to recognize an employee of a Chamber member who has shown effort in advancing his or her education at the college level.

### ***Scholarship Awards***

Three scholarships of \$1000 each will be awarded annually at a Chamber function. The scholarships will be awarded directly to the recipient. One award will be made per individual, although the award may be divided to apply to two semesters of college work.

### ***Eligibility***

#### **Applicants will...**

- 1) Be employed 20 or more hours by a member of the Androscoggin County Chamber of Commerce
- 2) Begin course(s) within 6 months of receiving award
- 3) Be matriculated in college-level coursework applicable toward an Associates or Bachelor's degree
- 4) Be at least 25 years old

### ***Application Requirements***

- Scholarship application
- One-page typewritten essay (see attached)
- Completed employer verification form
- Letter of reference/recommendation from employer
- **Application MUST be complete to be considered!**

### ***Deadlines***

**The application and employer verification form must be received by Friday, May 1, 2009. Recipients will be notified by June 1, 2009. (Scholarship recipients will be notified by mail/e-mail.)**

**ANDROSCOGGIN COUNTY CHAMBER OF COMMERCE  
ADULT SCHOLARSHIP**

Employee Verification Form

Applicant's Name: \_\_\_\_\_ has applied for an  
Androscoggin County Chamber of Commerce Scholarship. Please verify that  
this individual is currently employed by you.

Date of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

I verify that this employee works a minimum of twenty hours per week at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please Send to: Androscoggin County Chamber of Commerce  
PO Box 59  
Lewiston, Maine 04243-0059  
FAX: (207) 783-4481

**ANDROSCOGGIN COUNTY CHAMBER OF COMMERCE  
ADULT SCHOLARSHIP**

**Essay**

**Directions:**

Please write an essay of no more than 250 words on the topic below. Your essay should be word processed and submitted on a separate page that includes your name, signature, and the date.

***What are your dreams/goals for the future? How will a college education help you realize your dreams/goals? How does this particular scholarship fit into your plans for the future?***

I give the Androscoggin County Chamber of Commerce Education Committee permission to use part or this entire essay in a press release announcing scholarship recipients.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date