



SUNMAN CHAMBER OF COMMERCE  
SCHOLARSHIP APPLICATION 2019

NAME: \_\_\_\_\_  
PARENTS NAME \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

YOUR COLLEGE CHOICE: \_\_\_\_\_  
MAJOR: \_\_\_\_\_  
WORK EXPERIENCE: (NAME OF EMPLOYER AND TYPE OF WORK PERFORMED)

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

VOLUNTEER EXPERIENCE:

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

SIGNATURE OF APPLICANT:

\_\_\_\_\_

Please indicate on a separate page any extra-curricular activities, clubs, community service, athletics, or organizations that you have been involved in. Please write an essay about yourself and what growing up in the Sunman Community means to you.

Scholarships are due on Friday March 29, 2019.  
Email: [info@sunmanchamber.org](mailto:info@sunmanchamber.org)  
Mailing address: PO Box 374 Sunman, IN 47041