



SUNMAN AREA CHAMBER OF COMMERCE
SCHOLARSHIP APPLICATION

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 27, 2020.
Email: nbischoff@etc1.net
Mailing address: PO Box 374 Sunman, IN 47041