

**SARGENT CHAMBER OF COMMERCE
SCHOLARSHIP APPLICATION**

DATE: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

EMAIL: _____

SUBJECT OF INTEREST: _____

CURRENT EDUCATION LEVEL: _____

CURRENT ENROLLMENT STATUS: _____

GPA:

ACT SCORE:

College you plan to attend or are currently attending:

SIGNATURE: _____

DATE: _____