



Albert Lea - Freeborn County Chamber of Commerce

ALBERT LEA-FREEBORN COUNTY CHAMBER OF COMMERCE AMBASSADORS SCHOLARSHIP

The Albert Lea-Freeborn County Chamber of Commerce Chamber Ambassadors are a group of local business people giving back to our community. They go out each week and welcome new businesses to the community as well as celebrate additions or expansions to existing businesses. Funds for the scholarships are raised through the annual Ambassador Golf Outing held each July.

The scholarship committee will evaluate all applications and personally interview the finalists. Payments will be made to the college or university upon receipt of student's first semester's official transcript (GPA of at least 2.5 required). Scholarships must be claimed within 18 months from the date the scholarship was awarded.

AMOUNT:

6 individual scholarships at \$500.00 each.

ELIGIBILITY:

1. Must be a resident of Freeborn County.
2. Individuals making application must be seeking financial assistance for their freshman year at a college or university.
3. Preference is given to business majors, however others will be considered. All majors are encouraged to apply.
4. Scholarships must be claimed within 18 months from the date the scholarship was awarded.
(committee will consider letters of exception)
5. Finalists must be able to meet the selection committee for a personal interview.
6. Scholarship money will be awarded upon receipt of first quarter/semester grades.
7. Student must maintain a minimum of a 2.5 grade point average during their first semester of college.

QUALIFICATIONS:

Factors to be considered by the committee in awarding this Scholarship will be:

1. Application & Essay Questions. APPLICATIONS MUST BE COMPLETE, INCLUDING ESSAY QUESTIONS.
2. Potential for success
3. School, community and church involvement
4. Scholarship
5. Leadership
6. Personality
7. Desire

DUE DATE:

Wednesday, March 10th, 2010

Completed applications can be returned to the high school guidance office or mailed to:

Albert Lea-Freeborn County Chamber of Commerce
701 Marshall Street
Albert Lea, MN 56007

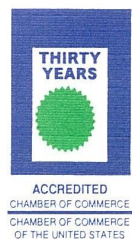
**NOTE: PLEASE REMOVE THIS COVER SHEET BEFORE RETURNING THE ATTACHED APPLICATION.
DON'T FORGET YOUR SOCIAL SECURITY NUMBER. THANKS!!**



701 MARSHALL STREET, ALBERT LEA, MINNESOTA 56007 (507) 373-3938 FAX: (507) 373-0344

"Promoting Business and Community Development since 1879"

E-mail: alfccoc@albertlea.org • Website: <http://www.albertlea.org>



**ALBERT LEA-FREEBORN COUNTY CHAMBER OF COMMERCE
AMBASSADORS BUSINESS SCHOLARSHIP**

1. PERSONAL INFORMATION

Name _____ Phone Number _____
Home Address _____ Date of Birth _____
_____ Social Security # _____
Father's Name _____ Occupation _____
Mother's Name _____ Occupation _____
Elementary school(s) attended _____

2. ACADEMIC INFORMATION

Class Rank _____ GPA _____
ACT Scores: E _____ M _____ R _____ SR _____ Composite _____
PSAT: CR _____ M _____ W _____ SI _____ SAT: CR _____ M _____ W _____

3. COLLEGE/TECHNICAL COLLEGE INFORMATION

College/Technical College you're attending _____
Major/Program _____
Number in family attending college/technical college next year _____

4. WORK EXPERIENCE

List any job (including summer employment) you have held during the past three years

Specific nature of work	Employer	Approximate dates of employment	Approximate number of hours per week
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5. REFERENCES

List three (3) personal references and their phone number. At least one should be outside the school.

6. EXTRACURRICULAR INFORMATION

Use the space below or attach a separate list of extracurricular activities for school, community, and church/synagogue.

School*

Activity	Grade level of year of Participation				Approximate number of hours spent per week and number of weeks involved	Positions held or honors received
	9	10	11	12		

Special Awards/Achievements*

Activity	Grade level of year of Participation				Approximate number of hours spent per week and number of weeks involved	Positions held or honors received
	9	10	11	12		

Community/Church-Synagogue

Activity	Grade level of year of Participation				Approximate number of hours spent per week and number of weeks involved	Positions held or honors received
	9	10	11	12		

7. PERSONAL STATEMENT (Must be attached to this application!)

On a separate sheet, please write about you future goals and ambitions and how this scholarship would assist you in attaining them.

Signature

