

Eatonton/Putnam County Chamber of Commerce Scholarship Application

This scholarship program is open to graduating high school seniors that meet the requirements outlined below. All applications are due to the Eatonton Putnam County Chamber by March 18, 2019. For questions, please contact the Chamber Office Mon-Fri 8:30am-5:00pm at (706) 485-7701 or at info@eatonton.com

Eligibility Requirements:

- Applicants must attend a school in Putnam County.
- Applicant must be graduating high school senior.
- Applicant must have Letter of Acceptance from any two-year or four-year accredited college or university. (If not accepted at time of scholarship application, proof must be provided prior to scholarship funds being awarded.)
- Cumulative GPA of at least 3.0 and demonstrate commitment to both academics and the community. (A copy of your transcript is required.)
- Letter of recommendation from Putnam County Business Leader or high school teacher, principal or guidance counselor.

*Applications will not be accepted without transcript and letter of recommendation.

Application Requirements:

Attach Resume (20 points): Outline your extracurricular activities both inside and outside the classroom. Include academic & athletic accomplishments & awards, leadership positions & achievements, unique experiences & talents, and volunteer & community activities. You may also include paid work experience. Please limit to one page.

Accomplishment (20 points):

Describe an experience or event in which you demonstrated strong leadership skills. **(250 WORDS MAXIMUM / 150 MINIMUM)**

Community (30 points): Please describe one thing that makes Putnam County unique? **(250 WORDS MAXIMUM / 150 MINIMUM)**

Personal Statement (30 points): This is the space for you to tell us more about yourself on any topic of your choosing. What does the committee need to know about you that can't be found on your application? Be creative. Have fun with it! **(350 WORDS MAXIMUM / 250 MINIMUM)**

Name:

Address:

Email address:

Phone number:

Date of birth:

Parent's name:

The Applicant herewith consents that the Scholarship Committee be fully informed as to the Applicant's scholastic standing, character, and other factors having bearing on the Application.

Signature of Applicant

Date

Information to be supplied by Principal or Counselor:

This is to certify that the above applicant ranks _____ in a class of seniors.

Grade Point Average _____ **(Please attach transcript)**

The committee would appreciate a brief statement concerning your evaluation of this applicant's leadership and worthiness for scholarship consideration.

Signature of Principal or Counselor

Date

Name of Principal or Counselor: _____

Name of High School: _____