

**2018**  
**Wendell Chamber of Commerce – Magic Valley Dairy Days**

Deadline: Postmarked by April 15, 2018

**Guidelines:**

- \*Scholarships are awarded to **Magic Valley Students** for use at **Idaho Colleges**, Universities, and Vocational Schools without regard to age, sex, marital status, race, or religion.
- \*Scholarships are awarded from funds raised in conjunction with Wendell Chamber of Commerce sponsored events. Students with a minimum of 10 dual credits may be eligible for additional funding with the Post-secondary Schools Credit Scholarship through the Idaho Board of Education.
- \*An independent selection committee consisting of Wendell Business, education, and community members selects recipients based on the applicant's community service activities, educational aims, goals, and needs. Extracurricular activities are also considered.
- \*Scholarships of \$1,000 are issued the 1<sup>st</sup> week of August

**Part 1. Personal Information**

Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Parent Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Field of Study/Major: \_\_\_\_\_

Education Completed: \_\_\_\_\_ Graduation/Certificate Date: \_\_\_\_\_ G.P.A. \_\_\_\_\_  
(minimum GPA Requirement – 2.0)

Personal Reference: \_\_\_\_\_ Phone # \_\_\_\_\_

**Part II. Please answer the following questions completely: (please type your answers)**

1. Tell us about your community service work (Please be specific and indicate the number of hours you spent on each) and school involvement: extra-curricular activities, leadership, honors, awards, and organizations.
2. How do you plan to finance your education? Please elaborate.
3. What are your educational and career goals, and how do you intend to achieve them?
4. What makes you an outstanding scholarship applicant?

I *certify* that all the statements made in this application are true, complete, and correct to the best of my knowledge, and are made in good faith.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit application to: Wendell Chamber of Commerce P.O. Box 54 Wendell, Id 83355