



**PLAINFIELD AREA CHAMBER of COMMERCE Career Readiness
Scholarship Application**

Personal Information

Student Name:	DOB:
Home Address:	
Parent/Guardian Name:	Parent/Guardian Phone:
Parent/Guardian Employer:	Parent/Guardian Email:

A) List and briefly describe your high school extracurricular activities (eg. Memberships in organizations, sports etc.):

Organization	Position Held	Date(s) of Involvement:

Your Roles & Responsibilities:

*** ATTACH ADDITIONAL PAGES IF NECESSARY ***

B) List and briefly describe volunteer/leadership/internship/entrepreneurship/community involvement activities in which you have been involved:

Organization	Activity	Date(s) of Involvement

Your Roles & Responsibilities:

C) List and briefly describe (paid) employment history:

Employer	Position	Date(s) of Employment

Your Roles & Responsibilities:

***** ATTACH ADDITIONAL PAGES IF NECESSARY *****



1) If you were to start your own business, what would it look like?

2) Over the next 5 years, which skills would you like to develop? Why?

3) What skills and attributes do you feel are important to an employer? Why?

***** ATTACH ADDITIONAL PAGES IF NECESSARY *****



Academic Information

High School:	Composite SAT (if applicable):
Cumulative GPA/Scale: (Ex. 3.8 on 4pt or 4.3 on 5pt)	Composite ACT (if applicable):

College Plans (Please list in order of preference)

Colleges Interested In:	Expected Major/Area of Study:	Official Visit Made:	Application Completed:

PLEASE PROVIDE A LETTER OF REFERENCE, BY A NON-FAMILY MEMBER, WITH THIS APPLICATION.

Applicant Signature: _____

Date Signed: _____

Please return your completed application and letter of reference either by email or fax:

Email: tmarsaglia@plainfieldchamber.com

Fax: (815) 436-0520

Deadline for applications to be returned is APRIL 10TH 2019