



**Shawnee Chamber of Commerce Foundation  
Betty Charlton Memorial Fund**

**Scholarship Application – 2019**

**PERSONAL DATA**

Name: \_\_\_\_\_  
(Last) (Middle) (First)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

Parents'/Guardians' Address (if different from yours): \_\_\_\_\_

**ACADEMIC DATA**

Name of High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

**Please attach a current transcript.**

Name of Institution you will be attending: \_\_\_\_\_

Why do you want to attend this school? \_\_\_\_\_

\_\_\_\_\_

What is your intended field of study? \_\_\_\_\_

What do you hope to do with your education? \_\_\_\_\_

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### SCHOOL AND COMMUNITY INVOLVEMENT

List any organizations in which you have been a member or jobs in which you have been employed. Organizations may include academic, athletic, civic, religious or social groups. Jobs may also include volunteer work or internships.

Activity

No. of Years

Positions or Offices Held

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List any awards, honors or recognition received: \_\_\_\_\_

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Which of the above experiences (participation in a particular activity, leadership position or honor received) has been most important to you?

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I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility.

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(Signature of Applicant)

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(Signature of Parent/Guardian)

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(Date)

**Submit completed application by 5:00 p.m. , March 22, 2019**

**Shawnee Chamber of Commerce  
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