

PERSONAL DATA (PLEASE TYPE OR PRINT)

**SECTION I:** 

## **2023 Chamber Ambassadors Scholarship Application**

2-year, Technical or Associates Degree

Name: Last	First	Middle
ermanent Address:		
City/State/Zip:		
•		
Felephone:		
High School:		
Graduation Date:		
Please check one: Pursuing a 2-Year	r Technical	Associates
Name of College/University:		
City/State:		
	affiliate either you or your parent,	guardian is associated with and your
relationship.	, , ,	
relationship. Affiliate Name:		
Relationship.  Affiliate Name: Employee Name: Required Applicant Signature: By signing below I hereby certify that I amplitude and complete to the best of my know Manitowoc County to access and release of	n a high school senior graduating in 20 rledge. I give consent to the Ambassad	
Relationship.  Affiliate Name: Employee Name: Required Applicant Signature: By signing below I hereby certify that I amount and complete to the best of my know Manitowoc County to access and release objusiness and promotions.	n a high school senior graduating in 20 rledge. I give consent to the Ambassad any or all of the above information, inc	Relationship: Relationship:
Required Signature:  Applicant Signature:  By signing below I hereby certify that I amount to the best of my know Manitowoc County to access and release of business and promotions.  Applicant Signature:  Required Signature of Parent or Legal My signature here indicates that the students.	n a high school senior graduating in 20 rledge. I give consent to the Ambassad any or all of the above information, inc I Guardian: ent whose name appears above is an a rship Committee and The Chamber of I	Relationship:  23 and that all information set forth in this document is lors Scholarship Committee and The Chamber of cluding my photograph, as is necessary to conduct  Date:  pplicant for The Chamber Ambassadors Scholarship and Manitowoc County to access and release any or all of the

## SECTION II: ACHIEVEMENTS & CIVIC ENGAGEMENT (TYPE ANSWERS ON A SEPARATE SHEET)

Please answer, maximum two pages, typed, double-spaced the following:

- 1. Why do you feel The Chamber of Manitowoc County is important to our community?
- 2. List two career goals and briefly explain your plan to achieve each goal.
- 3. Describe employment skills that you have already developed/attained that will help you in your chosen career. Also, list any other extra-curricular activities, organizations or work experiance in which you have been involved in.

APPLICATIONS DUE TO THE CHAMBER OF MANITOWOC COUNTY BY 4:30 P.M. Friday, March 31, 2023.

THE CHAMBER OF MANITOWOC COUNTY

ATTN: SCHOLARSHIP COMMITTEE

1515 MEMORIAL DR.

MANITOWOC, WI 54220