

CLARK CHAMBER OF COMMERCE SCHOLARSHIP

Student Name: _____

Section 1 – Personal Information (All Fields Required)

1. Student Name:
2. Address:
3. Phone:
4. Date of birth:
5. Number of years you have lived in New Jersey:
6. Number of years you have lived in the town in which you currently reside:
7. Elementary School Attended:
8. Middle School Attended:
9. High School Attended:
10. Weighted Grade Point Average:
11. S.A.T. Scores:
 - Verbal:
 - Math:
 - Writing:

Section 2 – College and Career Information (All Fields Required)

12. Major:
13. Career Goal:

14. Provide the name and location of all schools in which acceptance has been granted or is pending, in order of preference. Indicate acceptance status in the provided area. (Accepted/Deferred/Unknown)

School Name/Location	Acceptance Status

15. In the space below, provide a brief narrative of any family or personal information that should be considered in respect to financial need, i.e. illness, loss of employment.

Document Release Form

I give permission for the release of _____'s letters of recommendation and transcript, inclusive of his/her seventh semester GPA, to be provided by the Guidance Office for review by this organization.

Parent/Guardian's Signature

Adult Pupil's Signature