# REDFORD CHAMBER SCHOLARSHIP FUND

26050 Five Mile

Redford MI 48239-3289

Dear Student,

Attached you will find the application for the 2021 Scholarships from the Redford Chamber Scholarship Fund. The following requirements will be strictly enforced:

1. All applicants must be high school seniors graduating from the current school year. **The applicants must be residents of Redford Township for the past two (2) years.** (Proof of residency will be required upon award of scholarship.)
2. Applicants must be attending college, trade or academy school in the fall semester immediately following their graduation. If awardee fails to begin classes in the fall semester immediately following their graduation, the scholarship shall be taken away and paid on behalf of another candidate chosen by the Scholarship Fund. (**Applicant must present to the Redford Township Scholarship Fund the first semester paid receipt).**
3. Grade point average, community service, extracurricular activities and essay will be taken into consideration.
4. All documentation MUST be included with your application when mailed or dropped off at the Chamber Office.

**Send or drop the forms at the Redford Chamber of Commerce office, 26050 Five Mile, Redford MI 48239-3289. The last four digits of the student’s social security number must be placed on both the application form and the student record of application.**

***MUST...MUST...MUST... include student’s transcript with application.***

Questions should be directed to **Marti Swek at 313 535-0960**.

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REDFORD CHAMBER SCHOLARSHIP FUND

APPLICATION - 2021

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT NAME**

**PHONE NUMBER - HOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HIGH SCHOOL \_\_\_\_\_\_COUNSELOR’S NAME**

**LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER**

**GRADE POINT AVERAGE \_\_\_\_\_\_\_\_\_\_\_\_\_**

**COLLEGE YOU PLAN TO ATTEND IN THE FALL OF 2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FUTURE PLANS & GOALS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Fill out the enclosed forms and include all with your application:**

* **SCHOOL ACTIVITIES**

* **COMMUNITY ACTIVITIES**

Include all activities involved during all four years in high school on the enclosed forms.

If more space is needed, please attach additional sheets.

* Type in 100 words or less an essay on the topic.........

**“Why I Deserve This Scholarship”**

**Send or bring this copy to: Redford Chamber Scholarship Fund**

**(Mail slot in door if needed for 26050 Five Mile**

**after hours drop off). Redford MI 48239-3289**

**APPLICATION WILL BE ACCEPTED BETWEEN JANUARY 26 & March 26, 2021**

**NO APPLICATION WILL BE ACCEPTED AFTER THE MARCH 26th DEADLINE\*\*\*\***

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**SCHOOL ACTIVITIES**

(Include all school activities, what grade you participated in each activity, and what special position or office you held (e.g. Club – grade 10, 11 and 12, President /or football – grades 9-11 and 12 – team captain). **Please type or print –** If more space is needed, please copy before filling out this form.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ACTIVITY** | **9** | **10** | **11** | **12** | **Is this a club?** | **How often does it meet?** |
| Example: track team |  | X | X | X | Yes | Weekly |
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 **Last 4 digits of your social security # \_\_\_\_\_\_\_\_\_\_**

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**COMMUNITY ACTIVITIES**

(Include all outside activities, what grade you participated in each activity, and what special position or office (e.g. Club – grade 10, 11 and 12, President) you held –E.G. jobs, volunteer projects, etc. – grades 9-11 and 12 captain, chairman, participant). **Please type or print –** If more space is needed, please copy before filling out this form.

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| **ACTIVITY** | **9** | **10** | **11** | **12** | **Office or Position**  | **Amt. of time spent on activity** |
| Example: volunteer /Worked-Oktoberfest |  |  | X | X | Team lead  |  1 day |
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| EMPLOYMENT (PAID JOBS)Must include average number of hours worked per week. indicate if it is a permanent or seasonal employment. | **9** | **10** | **11** | **12** | **START DATE** | **END DATE** |
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**Last 4 digits of your social security # \_\_\_\_\_\_\_\_\_\_\_**

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