

**LAWRENCE CHAMBER OF COMMERCE
SCHOLARSHIP APPLICATION**

NAME: _____

G.P.A. _____

PARENTS: _____

SCHOOL YOU PLAN TO ATTEND: _____

Please do not put any identifying information in your application including your name and address. This top sheet will be removed from your application so the Selection committee will not know who is applying.

Return this application to Mrs. Porter.

**LAWRENCE CHAMBER OF COMMERCE
SCHOLARSHIP APPLICATION**

CLASS RANK _____

G.P.A. _____

ACT SCORE _____

COLLEGE YOU PLAN TO ATTEND _____

STATE GENERALLY WHAT DEGREE OR DEGREES YOU PLAN TO OBTAIN AND YOUR CAREER PLANS:

ACTIVITIES YOU HAVE PARTICIPATED IN THE COMMUNITY:

HONORS YOU HAVE RECEIVED:

OTHER FINANCIAL AID YOU HAVE RECEIVED (TOTAL):

State generally what you feel you have done for the community of Lawrence. Include activities you have participated in that are associated with the Lawrence Community.