APPLICATION BALLINGER AREA CHAMBER OF COMMERCE & VISITORS CENTER 2024 SCHOLARSHIP

1. Applicant's name: _____ (First) (MI) (Last) 2. Address: _____ 3. Phone Number: _____ Name of parent(s) or guardian ______ 4. List and describe your involvement in school, Chamber and community activities during high school. (Attach additional sheets if necessary.) Please do not attach photos. Personal Narrative - Compose a brief personal narrative about yourself. Point out any important facts you would like for us to know and be sure to describe what your plans are after graduation.

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7.	To what extent is your knowledge of The Ballinger Area Chamber of	Commerce?
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8.	Your <i>GPA</i> (if known)	
App	licant's Signature	Date

Please return to the Chamber office by May 3rd, 2024