



2015-2016 Scholarship Application

Please complete on a computer or with a black ink pen and return to the guidance office.

Applicant's Name: _____

Name of High School Attending: _____

Names of Elementary and Middle Schools Attended: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Home Phone #: _____ Cell Phone# _____

Father's Name: _____ Mother's Name: _____

Are your parent(s) members of the Greater Topsail Chamber of Commerce & Tourism? Yes ___ No ___

Have you submitted a Free Application for Federal Student Aid (FASFA) this year? Yes ___ No ___

Will you be the first generation in your family to attend college? Yes _____ No _____

Have you taken the SAT and/or ACT? Yes ___ No ___ What was your highest score? _____

What College/University/Trade School do you plan to attend? _____

Have you been accepted? Yes ___ No ___ Intended Major? _____

Please list your high school activities: _____

Please continue on Page 2

Greater Topsail Area Chamber of Commerce & Tourism

13775 Highway 50 #101 / PO Box 2486, Surf City, NC 28445

910-329-4446 / www.topsailchamber.org / info@topsailchamber.org



List your major accomplishments, awards, etc. _____

List community activities and/or volunteer work: _____

Are you currently employed? Yes _____ No _____ If yes, where? _____

Two Names of References or Recommendations: _____

You may attach any recommendations to this application.

Tell us why we should award you a \$1,000 scholarship: _____

Applicant's signature: _____

Application is due to your guidance office by April 15, 2016

Greater Topsail Area Chamber of Commerce & Tourism

13775 Highway 50 #101 / PO Box 2486, Surf City, NC 28445

910-329-4446 / www.topsailchamber.org / info@topsailchamber.org