



St. Mary
CHAMBER OF COMMERCE

Scholarship Award

Eligibility:

1. The recipient shall be a student enrolled in an accredited high school in the St. Mary Parish area for a minimum of 4 continuous semesters upon graduation.
2. The recipient shall have a scholastic grade point average of 2.5 or better for his/her Junior year and the first semester of his/her Senior year in high school. The student must take the ACT test and achieve a minimum score of 17 points.

The need for financial assistance will be considered in awarding the \$1,000.00 scholarship.

The recipient shall be of good moral character and shall have displayed an aptitude for leadership in the school system and in the community in which they live.

The applicant should contact the principal or guidance counselor to obtain an application for the Scholarship Award or directly from the St. Mary Chamber of Commerce.

Purpose:

The purpose of this scholarship is to give aid, free and without obligations, to a promising student of the St. Mary area and to help make a college education financially possible for a student who needs or desires such support. And who is interested in a professional career.

Benefits:

One, two semester scholarships shall be awarded each year for the minimum amount of \$500 per semester based on GPA requirements.

Requirements & Limitations

1. Only one student from each high school in St. Mary Parish shall be selected for this scholarship per calendar year.
2. The student shall be required to maintain a minimum 2.5 grade point average (on a 4-point college grade system) the first semester to be eligible for the second semester grant.
3. The student must have the intention to enroll as a full-time student, or in a non-degree seeking program.
4. The recipient is required to attend a university, college, or technical institute in the State of Louisiana. A letter of acceptance specifying the university or technical college to be attended is required.
5. The recipient shall be selected and publicly recognized at the St. Mary Chamber of Commerce's Annual Education Appreciation Dinner on Thursday, June 20, 2024.
6. Whenever possible scholarship money shall be paid to the college or university office of the Auditor of Director of Financial Aid, with the student being permitted to draw at a basic rate of \$500.00 per semester for a period of two semesters.

7. The recipient must make a formal request to the university for entrance approval, immediately upon graduation from high school.
8. A scholarship holder whose college career has been interrupted by military service may apply for re-instatement of the scholarship after completion of military service.
9. The St. Mary Chamber of Commerce Scholarship Committee shall base its final decision on the applicant's high school scholastic records, character leadership qualities both in the school system and the community, seriousness of purpose, results of ACT test and financial need.
10. The scholarship holder shall always maintain standards of good moral character during the life of the scholarship and any failure to maintain these standards, at the discretion of the scholarship committee, may result in the withdrawal of the remaining scholarship benefits.
11. The decision of the St. Mary Chamber of Commerce Scholarship Committee shall be final.
DEADLINE APRIL 15TH, NO EXCEPTIONS.

12. A separate sheet of paper may be used for any portion of the application.

13. Completed applications must be returned before April 15th :

St. Mary Chamber of Commerce
Scholarship Committee
Post Office Box 2606
Morgan City, LA 70381

Applications may also be emailed to: info@stmarychamber.com

St. Mary Chamber of Commerce Scholarship Award Application

Personal Information:

Deadline April 15

Your Name: _____

Social Security# _____ Date of Birth: _____

Home Address: _____

Phone: _____ Name of High School: _____

Cumulative Grade Point Average: _____ Composite ACT Score: _____

Email address: _____

What are your favorite recreational activities? _____

Experience:

List below jobs, which you have held, starting with the most current:

Name of Employer	Position	Dates
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Career Information:

Name of technical school, college, or university you wish to attend.

What will be your major field of study?

If undecided, please indicate two fields of interest.

What are your present career plans?

Family Information:

Father's (Guardian) name: _____

His employer and nature of his employment: _____

Mother's name: _____

Her employer and nature of her employment: _____

Financial Resources:

Approximate Annual Gross Family Income: ___ Below \$10,000 ___ \$10,000 - \$19,999
 ___ \$20,000 - \$29,999 ___ \$30,000 - \$39,999
 ___ \$40,000 - \$49,999 ___ \$50,000 - \$59,999
 ___ \$60,000 - \$69,999 ___ \$70,000 - \$79,999
 ___ \$80,000 - \$89,999 ___ over \$90,000

Have you been awarded any other scholarship? If yes, list: _____

My estimated financial resources for the coming year:

Contributions from parents and relatives: _____%

Money value of other scholarships and awards: _____%

My anticipated earnings from summer or part time jobs: _____%

Income from other sources: _____%

Do you anticipate receiving TOPS? _____

Would you be financially able to attend college without the aid of this scholarship? ___no ___yes

Any Comments:

Honors:

In the space below, list the scholastic and honorary awards that you have received during your high school career. Also, include any extracurricular school activities in which you participated, include offices held and honors. Feel free to attach copies or an additional sheet.

Community Activities:

List Community activities you have participated in (including church, civic organizations, special projects: _____

Please note your application will be considered incomplete and not eligible for consideration without attaching the following:

- ☐ A 500 word, typed essay on *“Why do you want to continue your education and how does it apply to giving back to our community?”*
- ☐ Transcript of your high school grades including the first semester of your Senior year, signed by your principal or his representative or school Guidance Counselor
- ☐ Copy of your ACT scores

Date: _____

Signature of Applicant: _____

Date: _____

Signature of Parent/Guardian: _____