
CEDAR GROVE

CHAMBER OF COMMERCE

You have a friend in Cedar Grove

*Cedar Grove Chamber of Commerce Foundation, Inc.
Celebrating the Quest for Higher Education
for Cedar Grove Student Residents*

CRITERIA

- Resident of Cedar Grove
- Graduating Senior from any high school in **2019**
- Registered in an accredited institution
- Must demonstrate commitment to Cedar Grove
- Resume must reflect extra-curricular activities, community service and/or work experience

INSTRUCTIONS

Complete Application Packet Must Include:

- Cover page with student's full name and contact information
- Scholarship Application Document – indicating area of concentration
- Official high school transcript – with school seal
- Applicant's resume
- Two letters of recommendation
 1. From school administration, guidance counselor, or teacher
 2. Character letter of reference from a business professional – **not another school reference**
- A Brief Essay of **at least** 300 words describing one, or a combination of the following:
 1. *How the Cedar Grove community has impacted your life*
 2. *Discuss how your interest in your major or concentration developed*
 3. *Describe your prior experience in your major or concentration*
 4. *Explain how your major or concentration impact a community like Cedar Grove*
- Consent Form signed by Parent/Guardian
- Bursar college contact information where student is registered for the fall
- Support materials such as audio CD's, portfolio, video and DVD will be accepted but are not required

Mail completed application packet - postmarked no later than **Tuesday April 23th 2019** to:

**Cedar Grove Chamber of Commerce Foundation, Inc.
Scholarship Committee
PO Box 007
Cedar Grove NJ 07009**

- The scholarship awards will be announced **Friday, May 10th, 2019** by e-mail. Funds will be deposited directly in the students' college/university/trade school accounts.

www.cedargrovechamber.com

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Scholarship Application Document

PLEASE PRINT

Last Name

First Name

Street Address

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Home Telephone Number

Cell Phone Number

Student E-mail Address

Date of Birth

High School

School Contact Officer

Phone

E-mail Address

Parent/Guardian Name

E-mail Address

Date

Signature

Field or Major: _____

Must be postmarked by **Tuesday April 23rd, 2019** and sent with Application Packet
Cedar Grove Chamber of Commerce Foundation Inc.
Scholarship Committee
PO Box 007
Cedar Grove, NJ 07009

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