

CHAMBERS MEMORIAL SCHOLARSHIP

Due to counselor by April 1st

Name: _____

Address: _____

Birth Date: _____ Phone: _____

ACT Score: _____ Date taken: _____

GPA: _____ Class Rank: _____

Extra-curricular Activities in High School

Activity	Year	Honors/Involvement

Community Service

Activity	Year	Duties/Hours/Honors

Work Experience

College/University and Major:

Signature

Date