

# SCHOLARSHIP APPLICATION FORM 2024-25

NAME: (authorized payer) \_\_\_\_\_

STUDENT NAME: (if different from above) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Bay Chamber provides scholarships in case of financial need, so that all eligible students may participate, regardless of ability to pay.

Scholarships are based on proven financial need, household income, family size, financial obligations, and are limited by the availability of Bay Chamber resources. Please attach a copy of your most recent Federal Income Tax form (1040) with this application. Your request for a scholarship will not be considered without a copy of this form.

Total annual income of household from all sources (include salaries, wages, alimony, child support, social security, disability, public assistance, etc.) \$ \_\_\_\_\_

Number of people supported by this income: \_\_\_\_\_

Number of dependent children in your family. \_\_\_\_\_

The financial aid committee will also take into consideration any special circumstances regarding your current family or financial situation. Please add any comments below that you feel would be important for the financial aid committee to consider when reviewing your application. If you need more room, feel free to include a separate letter with your application.

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Signature \_\_\_\_\_