



Secondary School Scholarships APPLICATION



Application Criteria

1. All candidates must be secondary school graduates from Thunder Bay planning to attend a Post-Secondary Institution in Thunder Bay the following school year in a business-related program.
2. Financial need is not a consideration.
3. Information will be held in confidence.
4. Applications must be received in the Chamber office by **May 7th**
5. The judges will consider all applications.
6. An interview will be required for successful finalists.

Please attach:

- ✓ Chamber of Commerce Scholarship Application Form
- ✓ Current Transcript including Semester 1 marks
- ✓ School based Reference
- ✓ Resume

Please mail or deliver completed application packages to
Thunder Bay Chamber of Commerce
200 S. Syndicate Avenue, Suite 102
Thunder Bay, ON P7E 1C9

For additional information, please call the Chamber office at (807) 624-2626 or check the Chamber's website at www.tbchamber.ca.

Applicant Name:

Telephone:

Address:

Email:

School Activities

Please indicate the extra curricular school activities you have participated in and the years you participated in them. Include sports, student council, band, clubs, fundraising, etc. Use extra paper if necessary.

Activity

Dates of Participation

Have you participated in the co-operative education program in high school?

Yes _____ No _____

If yes, where?

Do you anticipate participating in a Co-op program in College or University?

Community Involvement

1. List your volunteer activities and volunteer time commitments earned with community organizations.

2. What other activities and organizations do you participate in outside of school (ie. clubs, teams, the arts, etc.)? We are particularly interested in your business/industry related activities.

Have you ever run your own business? Yes _____ No _____

If yes, please explain the business and how long you were involved with it. (Use extra paper if necessary)

Please indicate the post-secondary school in Thunder Bay you are planning to attend and the specific program you intend to study:

Post-Secondary School: _____

Program: _____

What are your primary professional goals after post-secondary education?

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References

List the name of one school reference (Principal / Teacher / Counselor).
References must not be related to the Applicant.

Name	Title	Phone
_____	_____	_____