

# SOUTH WEST COMMUNITIES CHAMBER OF COMMERCE

A Regional Chamber Serving  
the Greater Bridgeville Area & Surrounding Communities

990 Washington Pike  
Bridgeville, PA 15017-2711  
412-221-4100  
FAX 412-257-1210  
info@swccoc.org

February 15, 2010

Dear Applicant:

The South West Communities Chamber of Commerce has been serving the businesses and communities surrounding the greater Bridgeville area for over 80 years. Its mission is to advocate growth and economic vitality to benefit its members and the communities it serves, to advance the commercial, financial, industrial and civic interests of its members, to sustain a working partnership between business and government interests, and to promote the benefits of Chamber membership to business and concerned citizens.

The Chamber wants to support you as our future business men and women. It is our belief that you should be aided in furthering your education, thereby enabling you to accomplish your goals and aspirations. We do this with the hope that in the future you will participate in your community's achievement and growth. The Chamber of Commerce is, therefore, awarding a scholarship in the amount of \$1,000.00 to one senior at Chartiers Valley High School and one senior at South Fayette High School this year. Our goal is to help you accomplish your dreams.

Please review the attached "Scholarship Requirements and Regulations" carefully. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** The scholarship recipients will be announced at a senior award program held at each high school in the spring of 2010. The award will be presented at a meeting of the South West Communities Chamber of Commerce.

For additional information you may contact your Guidance Office or the Chamber directly. We encourage your participation, and wish each of you good luck in your future endeavors.

Very truly yours,

Stephen M. Tabone, Chairman  
Scholarship Committee

Attachments

# SOUTH WEST COMMUNITIES CHAMBER OF COMMERCE SCHOLASTIC SCHOLARSHIP

## SCHOLARSHIP REQUIREMENTS AND REGULATIONS

1. Applicant must be a graduating senior of South Fayette or Chartiers Valley High Schools. The scholarship will be a one-time only award to an individual. No post-graduate applications will be accepted.
2. The student's application will be considered and measured on the basis of the following guidelines:
  - a. Essay
  - b. Community Service Involvement
  - c. Grade Point Average no less than 2.5 on a 4.0 scale (Please attach transcript to application.)
  - d. Extracurricular Activities
  - e. Reference Letters – 1 Academic/1 Non-Academic
3. **The completed scholarship application must be returned to your High School Guidance Office or the South West Communities Chamber of Commerce Office no later than 12:00 NOON on FRIDAY, APRIL 16, 2010 in order to be accepted – WITHOUT EXCEPTION.**
4. Recipient of the scholarship will be honored during the school's annual Awards Recognition Ceremony. The scholarship will be made payable to the recipient. The Scholarship Committee will require verification of the recipient's acceptance by the post-secondary school.
5. The scholarship award must be used to pay tuition or education-related expenses only.
6. The student must enroll in an accredited college, junior college, university, technical school or trade school.
7. The South West Communities Chamber of Commerce does not discriminate on the basis of race, color, creed, national origin, sexual orientation or sex.
8. A \$1,000.00 scholarship will be awarded in 2010 to each school district. The fund sponsor reserves the right to change the amount in any given school year, or to not grant a scholarship in any given year.
9. The selection of the committee is final.
10. **Incomplete applications will be disqualified.**

**APPLICATION FORM**

**SOUTH WEST COMMUNITIES CHAMBER OF COMMERCE**  
**SCHOLASTIC SCHOLARSHIP**

(Please type or print legibly in black ink.)

1. Student's Name: \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

2. High School Academic Results: (Test Scores **if Applicable**) GPA \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_  
**(Copies of Transcripts/Certifications Must Be Included with this Application Form)**

Post-Secondary School for Which Scholarship is Requested:

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Application to this School: \_\_\_\_\_

Have You Been Accepted? \_\_\_\_\_ (If so, please attach a copy of Acceptance Letter to this Form)

What Degree/Course of Study Will You Pursue? \_\_\_\_\_

Other Schools to Which You Have Applied (List in order of preference): \_\_\_\_\_

\_\_\_\_\_

3. Community Service Activities - Specify project, number of hours per project, and role within project (unrelated to graduation requirements):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continue On Back Of This Page If Necessary)

4. ESSAY- Describe your "**Career Goals And Aspirations**" In **No More Than 300 Words**. Please explain in detail how you plan to achieve your goals --Type or Print Legibly on a Separate Sheet.

5. Extracurricular Activities That Have Contributed To Your Development (Include Offices Held & Awards Received):

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6. Employment During Last Three School Years and Summers (If applicable):

<u>Employer</u>	<u>Position</u>	<u>Dates</u>
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<hr/>	<hr/>	<hr/>
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7. Offer Any Other Information You Believe Will Help The Selection Committee Evaluate Your Application:

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Your Application Requires Two (2) References (1 Academic – 1 Non-academic).

Relatives Are Not Permitted To Be References. Please Attach Your Reference To This Application Form.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOLARSHIP APPLICATION CERTIFICATION**

(Must be signed in the presence of a Notary Public)

Commonwealth of Pennsylvania: ss

County of Allegheny

We hereby grant permission to school officials to release to the scholarship committee a copy of the applicant's transcript of grades, class rank, college boards or other pertinent test scores, and any other school-related information that would help the committee select the scholarship recipient.

We certify the information provided within this application is both complete and accurate to the best of our knowledge. Any false information will result in the disqualification of the application and we agree to return ALL funds awarded. We understand this scholarship is to be applied to tuition or other education-related expenses only.

We also agree to provide any and all information requested by the scholarship selection committee to verify the applicant's acceptance and completion of studies for the school year in which this scholarship is awarded.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State Of: \_\_\_\_\_

County Of: \_\_\_\_\_

Taken, sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

Notary's Signature: \_\_\_\_\_

(Seal)

My commission expires: \_\_\_\_\_