



Seaford Chamber Community Service Award 2011 Scholarship Criteria

A Candidate for the Seaford Chamber Community Service Award will need to be a legal resident of Seaford who is attending Seaford High School and who has made a significant contribution to the Seaford community. They should have a verifiable record community service projects. Projects for the Seaford Chamber of Commerce are also eligible.

ELIGIBILITY

The Seaford Community Service Scholarship award applicant must meet the following requirements in order to be considered a qualified candidate for this award.

1. Be a legal resident of Seaford prior to graduation from High School
2. Be a graduating member of the Senior class who is in good academic standing
3. Be in need of financial assistance
4. Write an essay of no less than 250 words but not more than 500 words describing the importance of performing community service.
5. Candidates must provide a letter of recommendation from a current faculty advisor. Candidates have the option of providing one (1) additional letter of recommendation from a community leader who is able to evaluate the candidate's qualifications.
6. Eligible candidates must register as a full or part-time time student in either a college, university, trade school or institute of higher learning
7. Eligible candidates must complete and return the attached scholarship application on or before the due date

Selection of the award recipient will be based on the following minimum criteria, using an average score of points which have been tabulated by the members of the Seaford Chamber of Commerce Scholarship Committee:

- Community service project participation
- Extracurricular activities
- Letter(s) of recommendation
- Essay on the importance of community service

Award applications will be distributed to the high school by the Seaford Chamber Faculty liaison and Seaford Chamber members who identify qualified candidates. This application will also be available for download at www.seafordchamberofcommerce.org. All applications must be completed and returned to the Seaford Chamber of Commerce no later than April 1st of the year in which you are applying for the award.



The final selection of the award recipient will be decided upon solely by the Seaford Chamber of Commerce Scholarship Committee.

The monetary portion of this award will be disbursed to the award recipient only upon written proof of enrollment to the Institution of their choice. Should the award recipient be unable to start school in the fall semester which immediately follows the date of their graduation from high school and yet plans to enter school during a later semester, the award recipient **must request an extension** by notifying the Seaford Chamber of Commerce Scholarship Committee in writing on or **before August 31st in the year in which they graduate High School**. The extension will be granted for up to one calendar year from the final date of the extension eligibility.

If for any reason the award recipient fails to show proof of enrollment, start classes at the selected institution or the scholarship remains unused by August 30th of the extended year, the monetary portion of this award is to be considered forfeited. This scholarship will also be forfeited should the award recipient fail to present the Seaford Chamber of Commerce Scholarship Committee with an extension request on or before the last day of extension eligibility.



Seaford Community Service Award Application Instructions:

READ THESE INSTRUCTIONS CAREFULLY AND FOLLOW THEM THOROUGHLY!

APPLICATION FORM

Please read all questions carefully and answer them as completely as you can. Use a pen and PRINT your answers. Remember that your completed application will represent you to the Scholarship Committee. Mail your completed application form, student personal statement, essay, and letter(s) of recommendation to:

**Scholarship Committee
Seaford Chamber of Commerce
P.O. Box 1634
Seaford, NY 11783**

To be considered for this award your application must be received on or before April 1, 2011

STUDENT PERSONAL STATEMENT

Write and attach to this application a brief cover letter explaining the reasons you are applying for this scholarship, your need for any financial assistance and your short and long term future goals. You should also include other pertinent information about yourself and your educational achievement, etc.

LETTER(S) OF RECOMMENDATION

You have the option to provide up to two (2) letters of recommendation. It is required that one letter come from a current Faculty member and signed off by the current faculty liaison to the Seaford Chamber. The second optional letter must be from a Seaford community leader who is able to evaluate your qualifications. Please enclose the letter(s) with this application. Failure to provide the required letter of recommendation will automatically disqualify your application

Description of Community

Please describe the community service that has been performed. How did community service better the community?



Seaford Community Service Scholarship Application Form

Instructions:

- Please read all questions carefully.
- Answer questions completely.
- Use pen and PRINT or type your answers.
- Remember that your completed application will represent you to the Scholarship Committee
- Failure to follow instructions, or provide the required information will automatically disqualify your application

- ♦ Mail your completed application, student personal statement, essay, and letter(s) of recommendation to:

Scholarship Committee
 Seaford Chamber of Commerce
 P.O. Box 1634
 Seaford, NY 11783

- ♦ Applications must be received on or before April 1st

Personal Information	Educational Information
<p>Your Full Name:</p> <p>Nickname (if any):</p>	<p>High School Name</p>
<p>Home Address:</p>	<p>Date of Graduation</p> <p>Date on which your school presents awards</p>
<p>Home Phone Number:</p>	<p>Schools you've applied to: (order of preference)</p> <p>1.</p>
<p>E-mail Address</p>	<p>Have you been accepted? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Name of Parent or Legal Guardian:</p>	<p>2.</p>
<p>Have you been active in any School Club?: Officer Position Held: 9th. _____ 10th. _____ 11th. _____ 12th. _____</p>	<p>Have you been accepted? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3.</p>
<p>Are you a legal resident? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Have you been accepted? Yes <input type="checkbox"/> No <input type="checkbox"/></p>



Seaford Community Service
Scholarship Application:

Community Service Projects

State the project name and completion date. Briefly describe the project and how your participation helped to make it a success. If the project was your idea or if you worked with a Seaford Chamber member leader on the project, be sure to state this. Show how this project made a difference to those who would ultimately benefit by it.

1. Seaford community service project: _____

Completion Date: _____



Seaford Community Service
Scholarship Application:

In addition, list other school organizations, clubs, extracurricular, and community service activities in which you have been active during your High School years (include any school club officer positions you have held):

- 1.
- 2.
- 3.
- 4.

List your hobbies or areas of special interest:

- 1.
- 2.
- 3.
- 4.

Work Experience:

Are you currently employed? Yes No

If so, list employer(s), type of job, and hours per week that you work:

What types of past employment have you had?



Seaford Community Service
Scholarship Application:

In submitting this application for review, I agree:

- That the information contained in it is true to the best of my knowledge
- If I am granted an award, barring any unforeseen circumstances, I will continue my plans for study as indicated in this application
- I have enclosed these required portions of the application:
 - Completed Scholarship application
 - Student's personal statement
 - Letter(s) of recommendation
 - Description of the community service performed
 - Essay on the importance of community service

Applicants Name (Printed)

Applicants Signature

Date _____

Please consult with Seaford Chamber Faculty Advisor and the chairman of the scholarship committee on all questions and concerns regarding the completion of this application.

Address all correspondence to:

Scholarship Committee
Seaford Chamber of Commerce
PO Box #1634
Seaford, NY 11783