



SCHOLARSHIP APPLICATION

Application Deadline is: July 8, 2022

Any application received after this deadline, except for those postmarked by deadline, will not be considered.

Name: _____

Please print First Middle Last

INSTRUCTIONS:

1. Please print legibly or type this application. **Applications must be signed.**
2. Place this application and **ALL REQUIRED INFORMATION** in a **sealed envelope**. It is the sole responsibility of the applicant to ensure completeness of application packet. Neither Chamber of Commerce staff nor IEF Board is responsible to review application for accuracy or completeness prior to submittal.
3. Mail (must be postmarked by deadline) the **sealed** application packet to: Irwindale Chamber of Commerce Office, P.O. Box 2307, Irwindale, CA 91706. If preferred, the **sealed** application packet may be hand delivered to 16102 E. Arrow Highway. Applications **MUST** be in the Chamber Office by the deadline (or if mailed, postmarked by the deadline) to be considered. Postmarks after the deadline date will not be accepted. For information concerning this application, call (626) 960-6606.
4. A copy of the Irwindale Educational Foundation Scholarship Policy is available upon request.

<i>For Office Use Only</i>	
Date Received:	_____
Application Complete:	_____
Amt. Awarded \$	_____
Check No.	_____
Approved by:	
1.	_____
2.	_____
3.	_____

REQUIRED DOCUMENTATION:

The following items must be attached to ALL applications regardless of your qualifying condition. Failure to provide any of the required documentation may be grounds for disqualification for scholarship consideration:

- Proof of qualifying condition as stated below (choose one):
 - You are a resident of the City of Irwindale. Your Qualifying Condition is as “Resident”.
 - Proof of current residency. Acceptable evidence includes City-issued ID card, utility bills, income tax returns, bank statements, or school transcripts showing an Irwindale address.
 - You are employed by or are a dependent of an employee (as documented by tax returns, copy of official birth certificate or proof of legal guardianship) of a company, located in the City of Irwindale, and which is a member in good standing of the Irwindale Chamber of Commerce. Your Qualifying Conditions are as “Chamber Member Employee”.
 - Proof of employment by “Member Company” (ex. paycheck stub/letter from employer on company letterhead)
- A copy of your most recent transcripts, showing your Cumulative GPA.
- Proof of college acceptance/continuance (Ex: letter from registrar or registration appointment card.)

SECTION I. YOUR INFORMATION

Name _____ SSN _____
 First MI Last

Address _____

Phone (____) _____ E-Mail _____

Date of Birth _____ Marital Status: Single Married Divorced

SECTION II. EDUCATION BACKGROUND

A. School Information

	Name and Address of School	Course of Study	Did you Graduate?	List Diploma or Degree
High School				
College				
Other (Specify)				

Have you ever received a scholarship from the Irwindale Educational Foundation? Yes No

B. College or Trade School Information

Full Time Student (12+ units) Part Time Student

Community College or Trade School College or University (State or Private) Graduate School

School Name: _____

School Mailing Address: _____

School Phone Number: _____ Student ID #: _____

Major _____ Minor _____

Overall GPA (Verified by transcripts) _____

Number of college units currently completed _____

Number of units to be taken during upcoming fall semester _____

Class Status (during academic year) Freshmen Sophomore Junior Senior Graduate

College goals or type of certificate you are seeking:

Certificate AA/AS BA/BS Masters PH.D. Other _____

Section III. IRWINDALE CHAMBER OF COMMERCE MEMBERS

The information provided in this section will be verified by the Irwindale Chamber of Commerce staff, please attach a copy of the proof of employment by “Member Company” (ex. Paycheck stub or letter from employer on company letterhead)

Company Name _____

Company Address _____

Are you an employee of this company? Yes No If yes, please attach a copy of the proof of employment by “Member Company” (ex. Paycheck stub or letter from employer on company letterhead).

Are you a dependent of an employee of this company? Yes No If yes, please attach (1) proof of dependency (i.e. tax returns from previous year, copy of official birth certificate of proof of legal guardianship), and (2) a copy of the proof of employment by “Member Company” (ex. Paycheck stub or letter from employer on company letterhead).

SECTION IV. TELL US ABOUT YOURSELF AND ANY SPECIAL CIRCUMSTANCES REGARDING YOUR REQUEST.

For example, indicate a) Why you are applying for a scholarship, b) What your college plans include, and c) Any special circumstances regarding your ability, academically or financially, to continue your education.

SECTION V. APPLICANT’S PHOTOGRAPH

I give the Irwindale Educational Foundation and its assigns all right, title and interest I may have in any photographic images, video or audio recordings, interviews, and other written, visual or broadcast media made, originated or created by the Irwindale Educational Foundation or its agents during or in connection with Irwindale Educational Foundation events, without additional compensation and without identification of me by name.

I have read the foregoing, fully understand its meaning and effect and am signing this Agreement voluntarily. I represent and warrant to the City of Irwindale that I am at least eighteen (18) years of age (or, if not, my parent or legal guardian has agreed to the foregoing and signed below). I acknowledge that this Agreement constitutes the entire understanding of the parties and cannot be terminated, rescinded or amended hereafter, except by written agreement signed by the Irwindale Educational Foundation. This Agreement shall be governed by and construed in accordance with the laws of the State of California applicable to agreements entered into and wholly performed therein. A fax or photocopy of this document shall be deemed an original for all purposes.

SECTION VI. MANDATORY SIGNATURE

I declare the information provided in this application to be true and accurate to the best of my knowledge. I give my consent for the Irwindale Educational Foundation to use my name and photo for advertising and media purposes.

_____ Date _____
Applicant’s Signature

Parent Signature if under 18 years of age