

# CHAMBERS MEMORIAL SCHOLARSHIP

*Due to counselor by April 1st*

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

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

Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

ACT Score: \_\_\_\_\_ Date taken: \_\_\_\_\_

GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

## Extra-curricular Activities in High School

Activity	Year	Honors/Involvement

## Community Service

Activity	Year	Duties/Hours/Honors

## Work Experience


College/University and Major:

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Signature

Date