



• 510 GREENE ST, 1<sup>ST</sup> FLOOR • KEY WEST, FL 33040 • 305.294.2587 • FAX 305.294.7806 •  
WWW.KEYWESTCHAMBER.ORG

**APPLEROUTH  
GREATER KEY WEST CHAMBER OF COMMERCE  
SCHOLARSHIP APPLICATION**

Personal Information:

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

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

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

E-mail Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Are you a Florida Resident? \_\_\_\_\_

Are you a resident of Monroe County? \_\_\_\_\_

Number of years attending Key West High School: \_\_\_\_\_

Prospective College Information:

Please list the colleges to which you have applied:

| Institution | City/State | Accepted (Yes/No) |
|-------------|------------|-------------------|
| _____       | _____      | _____             |
| _____       | _____      | _____             |
| _____       | _____      | _____             |
| _____       | _____      | _____             |

What is your expected major? \_\_\_\_\_

What is your high school grade point average (4.0) \_\_\_\_\_ (weighted)

Number of high school credits at the end of 8 semesters? \_\_\_\_\_

Class Rank \_\_\_\_\_ of \_\_\_\_\_ (weighted)

SAT Score: Math \_\_\_\_\_ Verbal \_\_\_\_\_ Date Taken \_\_\_\_\_

ACT Composite Score \_\_\_\_\_ Date Taken \_\_\_\_\_



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Please list any college courses you have taken or are currently enrolled in: \_\_\_\_\_

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Are you currently employed? \_\_\_\_\_ If so, where, in what capacity, and how many hours per week? \_\_\_\_\_

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Please list the type and amount of any financial assistance you have received or anticipate receiving: \_\_\_\_\_

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Please explain any family circumstance that may have a financial effect on your plans for college, such as siblings or other family members in college, private tuition, etc. \_\_\_\_\_

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List in order of importance all extracurricular activities, school or community, in which you have participated during your high school career: (Do not include employment.) You may attach more information if you wish.

|    | Activity | Dates of Participation | Offices Held |
|----|----------|------------------------|--------------|
| 1. | _____    | _____                  | _____        |
| 2. | _____    | _____                  | _____        |
| 3. | _____    | _____                  | _____        |

Total number of reported hours of community service: \_\_\_\_\_

List all honors or awards you have received during high school: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List the names, addresses and telephone numbers of three individuals (not relatives) who may serve as references. These people should know you and your academic record well. One must be a teacher or administrator from your high school and a letter of recommendation is required from this person. The other two do not need to provide a letter.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

On a separate sheet of paper, please state your contribution to the community, and also your school, civic and religious activities, and why you wish to be considered for this scholarship. Include your plans and goals for the future, and how you hope to achieve them. (Maximum length of one page typed and double spaced.)

Please sign and date this application and attach a certified copy of your high school transcript. The scholarship grant check will be payable when the student forwards a copy of class registration to the Greater Key West Chamber of Commerce. The Chamber of Commerce will provide a letter stating monies will be forthcoming.

Signature: \_\_\_\_\_ Date \_\_\_\_\_