

**LITCHFIELD CHAMBER OF COMMERCE
COLLEGE SCHOLARSHIP
APPLICATION FORM
Due Monday, December 15th, 2008**

By completing this form you will be considered an applicant for a Litchfield Chamber of Commerce College Scholarship. The applicant must:

1. Be a graduate of Litchfield High School.
2. Have completed two full years of college and currently be enrolled in a college or university.

Name _____

Email: _____ Cell Phone # _____

Litchfield Area Address: _____
Street Zip

Litchfield Area Phone Number _____

School Address: _____
Street City State Zip

School Phone Number _____

College Background:
Freshman year enrolled at _____ Major _____

Sophomore year enrolled at _____ Major _____

_____ Junior year enrolled at _____ Major _____

_____ Senior year enrolled at _____ Major _____

(Check current year status)

Total number of earned higher education credits: _____

Community and college activities in which you have or are participating:

Please use this page to discuss your vocational goals, the educational program you plan to follow to achieve these goals, and why you are applying for the Litchfield Chamber of Commerce Scholarship.

Applications must be postmarked or received by or on the published deadline date. Please send applications to:
Litchfield Chamber of Commerce
219 North Sibley Avenue
Litchfield, MN 55355 or
E-mail: litch@litch.com or
Fax: 320-593-8184