

**Scholarship Application**

This scholarship is awarded to a student who has a strong academic performance, provides service to the community, demonstrates financial need, and is committed to continuing his/her education by obtaining an Associate’s or Bachelor’s Degree, and one whose parent has breast cancer or a breast cancer survivor.

Amount to be awarded:

1. $1,500 will be awarded to the student who qualifies is awarded this scholarship.
2. Scholarship money is intended to be applied to tuition or textbook costs.

**Scholarship requirements:**

1. Student must be a resident of the State of Illinois.
2. Student must be pursuing a degree at a community college, 4-year college or university.
3. Before receiving monies, student must provide proof of enrollment.
4. All high school seniors meeting the above criteria are encouraged to apply.

Scholarship application process:

1. Student must complete the attached application form.
2. Student must write a 300 to 500 word

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Personal Statement: (choose one)

• Describe how you have been involved with or provided service to your community and how it has influenced your personal development.
• After graduation, how do you plan to give back or be engaged in your community.
• Describe your most meaningful achievements and how they relate to your chosen field of study and future goals.
• Describe a special attribute or accomplishment that makes you a good candidate for this scholarship.
• Why is it important for you to get a college education?



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**Declaration of Eligibility**

To be eligible for Pink Diva’s and Gents Scholarship you must satisfy the following criteria:

• Illinois Resident (I.D. required upon request

• Enrolled full-time or accepted into a college or university

**Applicant’s Details**

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

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

Phone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

High School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current GPA: \_\_\_\_\_\_ Graduation Date or Anticipated Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

College/University Attending/Planning to Attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Applicant Declaration**

I declare that the information I have provided on this form is, to the best of my knowledge, complete and correct. I authorize the Bellwood Chamber of Commerce & Industry to obtain official records with respect to me from the appropriate educational institution(s) and to seek other relevant information about me.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**DEADLINE FOR SUBMISSION OF APPLICATIONS:**

**July 1, 2022**

Please return completed application form and essay to:

Pink Divas and Gents 402 50th Avenue Bellwood, IL 60104

or Email application form and essay to: bellwoodchamber@gmail.com