



2017 GVCC LUIGI A. TRAMONTANA, SR. MEMORIAL SCHOLARSHIP **APPLICATION**

ELIGIBILITY:

- Must be a graduating high school senior who is planning to continue his/her education at a recognized school or college, OR a student currently enrolled in an accredited college or university for the study of environmental sciences OR business, including agriculture, animal, plant, aquaculture or related fields.
- Must be an active participant in school and community activities.
- Must be able to demonstrate academic responsibility.
- Must have applied to an accredited College or University, if not currently enrolled.
- Requires submission of official transcript.
- Requires submission of completed application and two recommendation forms.

SPECIAL CONSIDERATIONS:

- Financial need
- School Counts! Criteria (To make a "C" grade or above in all academic courses, to achieve a 95% or better attendance and punctuality record, to complete high school in eight consecutive semesters, and to take more courses than the minimum graduation requirements.)
- Special circumstances

SUBMIT APPLICATIONS TO:

GVCC 2115 S. DELSEA DRIVE, VINELAND NJ, 08360

OR EMAIL TO INFO@VINELANDCHAMBER.ORG

DEADLINE: JUNE 1, 2017



2017 GVCC LUIGI A. TRAMONTANA, SR. MEMORIAL SCHOLARSHIP APPLICATION

NAME: _____ BIRTHDATE: _____
ADDRESS: _____ GENDER: ___ MALE ___ FEMALE
CITY: _____ ZIP CODE: _____ PHONE: _____
US CITIZEN ___ Y ___ N HIGH SCHOOL: _____
CLASS RANK: ___ / ___ ARE YOU ENROLLED IN SCHOOL COUNTS! ___ YES ___ NO GPA: _____
FATHER'S NAME: _____ FATHER'S OCCUPATION: _____
FATHER'S ADDRESS: (IF NOT THE SAME) _____
CITY, STATE, ZIP CODE: _____
FATHER'S EMPLOYER: _____ VINELAND CHAMBER MEMBER? YES ___ NO ___
MOTHER'S NAME: _____ MOTHER'S OCCUPATION: _____
MOTHER'S ADDRESS: (IF NOT THE SAME) _____
CITY, STATE, ZIP CODE: _____
MOTHER'S EMPLOYER: _____ VINELAND CHAMBER MEMBER? YES ___ NO ___
NUMBER OF SIBLINGS: _____ THEIR AGES: _____
HOW MANY SIBLINGS IN COLLEGE: _____
SCHOOLS YOU HAVE APPLIED TO: _____

FIRST CHOICE OF COLLEGE: _____ COST PER YEAR: \$ _____
PART-TIME _____ OR FULL-TIME _____ / LIVE ON CAMPUS _____ OR COMMUTE _____
INTENDED COLLEGE MAJOR: _____
CAREER/LIFE GOALS:

DO YOU WORK? YES ___ NO ___ IF YES, WHERE AND BRIEFLY DESCRIBE YOUR JOB:

FINANCIAL AID/SCHOLARSHIPS, ETC. YOU HAVE RECEIVED THUS FAR:

LIST ALL AWARDS, EXTRA CURRICULAR ACTIVITIES, OFFICES HELD, ETC. BE SURE TO INCLUDE EVERYTHING WITHIN SCHOOL AND ALL COMMUNITY SERVICE.

ARE THERE ANY SPECIAL FAMILY CIRCUMSTANCES YOU WISH TO MAKE US AWARE OF:

WHY ARE YOU DESERVING OF THIS SCHOLARSHIP?

TWO RECOMMENDATION FORMS ARE REQUIRED. PLEASE ASK TWO PEOPLE WHO KNOW YOU WELL TO WRITE TO US ON YOUR BEHALF. THE OFFICIAL RECOMMENDATION FORM MUST BE USED.

PARENT SIGNATURE: (required)_____

STUDENT SIGNATURE: (required)_____

DATE:_____



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RECOMMENDATION FORM

RECOMMENDATIONS MUST BE RECEIVED BY JUNE 1, 2017 FOR APPLICATION TO BE CONSIDERED.

APPLICANT'S NAME _____

THIS SECTION – TO BE COMPLETED BY PERSON MAKING THE RECOMMENDATION

THE INFORMATION PROVIDED WILL BE CONFIDENTIAL

NAME _____ TITLE OR POSITION _____

ORGANIZATION / COMPANY _____

SIGNATURE _____ DATE _____

PLEASE COMPLETE THIS RECOMMENDATION AND MAIL TO:

GREATER VINELAND CHAMBER OF COMMERCE
2115 S.DELSEA DRIVE
VINELAND, NJ 08360

How would you rate the applicant in the following areas:

(please leave an item blank if you are unable to evaluate)

	Excellent	Very Good	Average	Below Average
LEADERSHIP	_____	_____	_____	_____
INITIATIVE	_____	_____	_____	_____
SERIOUSNESS OF PURPOSE	_____	_____	_____	_____
ENTHUSIASM	_____	_____	_____	_____
MATURITY	_____	_____	_____	_____
MORAL CHARACTER	_____	_____	_____	_____
SCHOLASTIC ABILITY	_____	_____	_____	_____

HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

WHY DO YOU THINK THIS APPLICANT DESERVES THIS SCHOLARSHIP?