

REGIONAL
CHAMBER OF
COMMERCE
FOUNDATION nurturing community through education
AT NEW PALTZ

Please list the scholarship that you are applying for: _____

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

School Currently Attending (if applicable) _____

Grade Point Average _____

College(s) or Educational Institution(s) you plan to attend:

Intended Major or Course of Study _____

Name of Chamber Member _____

Name of Member Business _____

Your Relationship to Chamber Member _____

Please return this completed form, along with the requested collateral materials, to:

Regional Chamber of Commerce Foundation at New Paltz

Attn: Scholarship Committee

257 Main Street

New Paltz, NY 12561

**Application must be received at the Regional Chamber of Commerce Foundation at New Paltz
on or before May 9, 2019.**

I certify that the information provided on this application is correct to the best of my knowledge, and that I understand what is required of me in the event that I receive a scholarship.

Applicant's signature

Date