

**Chamber Scholarship Application**

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

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone# : (Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Evening) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of organization where you work/attend school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of years in your present position/in school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any Chamber programs or activities that you have attended:**

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**Please list any Chamber programs or activities where you would like to participate:**

**Please briefly respond to the requested information/questions listed below:**

**1. Describe your current responsibilities in your work.**

**2. List three professional development goals.**

**3. What activities have you done within the last three years to help you reach your goals?**

**4. How will Quadruplicity help you reach your goals?**

**5. How did you learn about the scholarship program?**

**6. Please provide a personal or professional letter of recommendation along with your application.**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

###### Deadline & Submission

**Please Email the completed & signed application with the letter of recommendation to** [**sueliberman@embarqmail.com**](mailto:sueliberman@embarqmail.com) **by Friday, Feb. 1st, 2013, or, you may mail it (to arrive no later than Feb.1st) to:**

**Chamber Quadruplicity Scholarship Committee P O BOX 1564 Charlottesville, VA 22902**

***Thank you for applying to the Chamber Quadruplicity Scholarship Program***