

**CHESTER CHAMBER OF COMMERCE
VOCATIONAL AND EDUCATIONAL STUDENT SCHOLARSHIP**

Please return to: Lynda Sympson, PO Box 585, Chester, IL 62233

Application Deadline: April 1

- 1. Application Date: _____
- 2. Name: _____
- 3. Permanent Address: _____
- 4. Name of Parent or Guardian: _____

Please write a short paragraph giving your opinion on one of the following:

- a). The value and importance of dollars that are spent locally
- b). Of the three attributes, Academics, Ability or Ambition, which of these do you think will benefit you most in your career

9. Number of dependents in your parents' family including yourself:

Children _____ Ages _____

Number of children attending college _____

Comments:

10. In a paragraph, briefly describe your educational goals and your career goals.
(use additional sheet if necessary)

11. Do you plan to work or live in Chester when you finish your education?

Student Signature _____ Date _____

