



2026 SCHOLARSHIP PROGRAM

SCHOLARSHIP INFORMATION/ ELIGIBILITY REQUIREMENTS

1. Scholarship(s) will be offered to a graduating high school student.
2. Student must be employed by or have a parent employed by a Chamber member company for a minimum of six months to be eligible to apply.
3. The applicant must be planning to attend a full-time college, university, technical, or trade school with the scholarship being made payable in the second year of enrollment.
4. The applicant must attach a High School Transcript including grade point average (GPA).
5. Applicant must attach a letter of recommendation.
6. Application must be completed in full to be considered.
7. Additional sheet with information may be attached.

CRITERIA EVALUATION

<u>Criteria</u>	<u>Maximum Points Earned</u>
1. Involvement in School Activities	20
2. Involvement in Community Activities	25
3. Work Experience	25
4. Scholastic Achievement	20
5. Career Plans	10

SCHOLARSHIP APPLICATION DEADLINE:

MARCH 27, 2026

Student Information

Student's Name _____	Phone _____
Mailing Address _____	
Email _____	

Educational Information

High School Attending: _____	
GPA: _____	
NOTE: Official High School Transcript <u>MUST</u> be attached for consideration	
Letter of Recommendation must also be attached.	

College Information

College Major Being Pursued _____		
College Attending _____		
<u>Estimated College Expenses</u>		
Tuition \$ _____	Room & Board \$ _____	Fees \$ _____
Commuter Travel \$ _____	Books & Supplies \$ _____	TOTAL \$ _____

Chamber Member Information

Chamber Member Company Where Student/Parent is Employed _____	
Name of Employee at Chamber Member Company _____	
Employee's Relationship to Student _____	
I certify that the above applicant is an employee or son/daughter (circle one) of the employee indicated above at _____ (Chamber member company)	

Chamber Member Representative _____

Date _____

OVER



SCHOLARSHIP APPLICATION

Career Plans (please indicate your plans after college) Attach separate sheet if necessary

School Activities

<u>Activity</u>	<u>Role & Responsibility</u>

Community Activities

<u>Activity</u>	<u>Role & Responsibility</u>

Work Experience

<u>Employer</u>	<u>Role & Responsibility</u>	<u>Hours/Week</u>

Student/Parent Signature

The signature below will attest to the accurateness of the information provided and grants permission to the Greater Rochester Chamber of Commerce to make this information available to the Scholarship Committee.

Student's Signature

Parent/Guardian Signature

Date

Complete and Return to:

Scholarship Committee
Greater Rochester Chamber of Commerce
18 South Main Street, Rochester, NH 03867
Phone: (603) 332-5080 Fax: (603) 332-5216
Email: president@rochesternh.org