



Azle Area Chamber of Commerce Scholarship Program – Awards of \$1,000

Deadline: April 1st of any Given Year

Scholarship Program

The Azle Area Chamber of Commerce has an established annual scholarship program for local students planning to pursue higher education degrees at a college or university as well as those planning to pursue higher education through trade/vocational schools, certification programs, or academies. The handing in of a completed and signed application indicates the applicant's certification that he/she is planning to pursue higher education, that he/she meets all eligibility requirements, and that everything presented is accurate and truthful.

Eligibility Requirements

Local Student: Must be a current student in the Azle Independent School District or any private school in the Azle area completing his/her last year of high school.

U.S. Citizen & Local Resident: Must be a U.S. citizen and permanent resident in either Tarrant or Parker County.

Local Leader: Demonstrate leadership abilities through participation in community service, extracurricular, or other volunteer activities.

Recommended: Must be recommended by an active member of the Azle Area Chamber of Commerce.

Instructions for Completing Scholarship Application

Complete the application and essay by typing or printing legibly. Only completed and signed applications will be considered.

Include with Completed Application Form

Essay (required): Please provide a 500-1,000 word personal statement indicating your plans for the future. Tell us what field of study you are interested in pursuing and what you hope to accomplish with your degree. How have your school activities, life experiences, and relationships with others led you to your current planned path for the future? Please remember to put your name on your essay.

Chamber Recommendation (required): A recommendation by a Chamber member is required. If you do not have such a connection, please read on the application steps you may take to get this. You may also submit a letter of recommendation from the Chamber member.

Please submit your completed application to:

Azle Area Chamber of Commerce
Attn: Executive Director
404 W Main ST, STE 102
Azle TX 76020

or via email to info@azlechamber.com

Azle Area Chamber of Commerce Scholarship Application

Please make sure your application is legible. Thank you!

Applicant's Personal Information

Last Name: _____ First Name: _____ MI: _____

Gender: Male Female Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Current School: _____ Graduating Year: _____

Class Rank: _____ Grade Point Average (GPA): _____

Permanent/Home Address:

Street: _____

City: _____ State: Texas County: Tarrant Parker

Phone: _____ Email Address: _____

Recommendation by Chamber Member:

A recommendation from an active Azle Area Chamber of Commerce Member is a requirement for this scholarship. If you do not know a Chamber member, check out our website (www.azlechamber.com/list) for a complete listing of businesses and organizations in our area who are members. Feel free to introduce yourself, share your story, and ask if they would recommend you.

Note: Chamber recommendations may be verified.

Please provide the name of the active Chamber member and his/her business information (required).

Name: _____

Business: _____

Address: _____

Phone: _____

Are you including a letter of recommendation from the Chamber member (optional)? Yes No

Leadership (community service, extracurricular, & other volunteer activities):

In the space below, please list your primary involvements from the last four years, including extracurricular activities at school, community service, volunteer opportunities, and any other involvements you want to list. Please note any major awards received and/or if you held any leadership positions.

Agreement & Terms of Azle Area Chamber of Commerce Scholarship Applicants:

I agree that if this application is accepted and I am awarded this scholarship, I will be bound by the terms and conditions of the award.

I understand that scholarship funds may only be applied to offset financial obligations that I incur or reasonably expect to incur for tuition or other education expenses during the academic year. I further understand that if I am awarded and accept this scholarship, a check for \$1,000 will be paid directly to my college, university, or institution.

I understand that all personal information on this application will not be sold, shared, or used for any other purpose by the Azle Area Chamber of Commerce. I further agree that my name, likeness, and information regarding the award of the scholarship may be used by the Chamber in any news release, media interviews, or publications.

I certify that I meet the Azle Area Chamber of Commerce program criteria and eligibility requirements and that the statements I have provided on this application and its attachments are true and correct to the best of my knowledge.

Applicant's Signature: _____

Date (MM/DD/YYYY): ____ / ____ / _____

Application Valid for Years 2026+

Please submit your completed application to:

Azle Area Chamber of Commerce (Attn: Executive Director); 404 W Main ST, STE 102; Azle TX 76020; or via email to info@azlechamber.com