



Azle Area Chamber of Commerce Scholarship Program

Deadline April 1st of any given year

Scholarship Program Criteria

The Azle Area Chamber of Commerce has an established annual scholarship program for local students seeking to pursue higher education degrees with a college or university and to those committed to seeking higher education through trade schools, vocational schools, certification programs, and academies. A student is eligible to apply for a one-time \$500 scholarship for education-related expenses if he or she meets the established criteria.

Eligibility Requirements:

Must be a current student in the Azle Independent School District completing their last year of the high school program.

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

Must be a permanent resident in one of the following counties: Tarrant, Parker

Must be a citizen of the United States.

Instructions For Completing Scholarship Application

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

Please submit the following items with the completed application form.

Provide a 500-1,000 word personal statement indicating your intentions for the future. Tell us what field of study you are interested in pursuing and what you hope to accomplish with your degree.

**Please submit your completed application to: Azle Area Chamber of Commerce
Attn: Executive Director, 404 W. Main St., Suite 102, Azle, Texas 76020, or info@azlechamber.com**

Azle Area Chamber of Commerce Scholarship Application

Applicant's Personal Information

Last Name: _____ First Name: _____ MI _____

Gender: M ___ F ___ Date of Birth ____/____/____

Current School _____ Graduating Year _____

Permanent/Home Address

Street _____

City _____ State _____ County _____

Phone _____ Email Address _____

Are you being recommended for a scholarship by an Azle Area Chamber of Commerce member?

Yes _____ No _____

If yes, please provide the name of the member and their business information-

Name _____

Business _____

Address _____ Phone _____

Agreement & Terms of Azle Area Chamber of Commerce Scholarship Applicants

I agree that if this application is accepted and I receive a scholarship award, 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 educational expenses during the academic year. I further understand that if I receive a scholarship and accept the award, a check for the scholarship amount will be paid directly to the college, university, or institution.

I understand that I do not have to be recommended by an Azle Area Chamber of Commerce member to be eligible for a scholarship. However, students recommended by Azle Area Chamber of Commerce members will have a slight advantage.

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 of Commerce in any news release, media interviews or publications.

I certify that the statements that I have provided on this application are true and correct to the best of my knowledge.

Applicant's Signature _____ Date _____

**Please submit your completed application to: Azle Area Chamber of Commerce
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