



Ozark Area Chamber of Commerce Community Involvement Program

- ⇒ **Are you a High School Junior or Senior?**
- ⇒ **Are you heading to Vocational or Technical School? Community College or a 4-year University?**
- ⇒ **Are you interested in serving your community?**

If so, then you may be eligible for our Community Involvement Program

- One participant will be awarded a one-time \$1,000 scholarship
- Application of participation must be submitted by January 14, 2021
- Ten (10) students will be chosen to participate in this program
- You must be a High School Junior or Senior
- You must attend Carroll High School, G.W. Long High School, Ariton High School, or a private school or be home schooled in Dale County
- Must have a verifiable 2.5 grade average
- Participation requires a commitment of 10 Chamber events which must be served during required time period. Events may include but are not limited to: attending chamber meetings and /or events, assisting in the chamber office, member visits, hands on assistance at participating businesses.
- Two of the required events will be soft skills training. A certificate will be presented to all participants at the completion of the requirements.
- Scholarship recipient will be randomly chosen from the participants that have met all of the requirements.

**Ozark Area Chamber of Commerce
294 S. Painter Avenue, Ozark, AL
334-774-9321**



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Please type or print your answers. If application is illegible it will not be considered.

1. Last Name: _____ First Name: _____

Mailing Address:

Daytime Telephone Number: ()

Date of Birth:

High School Presently Attending:

Grade Point Average: GPA: _____ (On a 2.5 scale)
(Form will be provided for Guidance Councilor to verify)

Anticipated Graduation Date:

I will be attending the following school in the Fall of:

School Name:

Address:

City, State, Zip

Financial Contact Name:

Proof of acceptance or current student enrollment from the above school is required prior to funds being released to school.

What specialty/major do you plan to pursue?

Name of Parents/Guardian:

Address of Parents/Guardian:

Daytime Phone Number of Parents/Guardian:

Participation is on a voluntary basis. Participant must provide their own transportation to and from activities and events.

I hereby agree that the Ozark Area Chamber of Commerce shall not be responsible for any loss or injury as a result of my participation in the Community Involvement Program. I further agree to hold the Chamber of Commerce harmless from any liability as a result of my actions while participating in the Community Involvement Program.

Student Signature

Date

Parent/Guardian Signature

Date