

# Hyannis Area Chamber of Commerce



356 South Street  
Hyannis, Massachusetts 02601  
Telephone: 508-775-7778  
[www.hyannis.com](http://www.hyannis.com)

## Cover Sheet to Accompany Standard Scholarship Form

### Scholarship Information:

Scholarship: \_\_\_\_\_ Date Due: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sponsor: \_\_\_\_\_

### Scholarship Materials Checklist:

*(student generated)*

- \_\_\_\_\_ Scholarship Information (above)
- \_\_\_\_\_ Letter of Recommendation from a Teacher
- \_\_\_\_\_ Completed Scholarship Form (attached)
- \_\_\_\_\_ Essay/Writing Assignment (attached)
- \_\_\_\_\_ A copy of your Student Aid Report (SAR)  
that includes your Expected Family  
Contribution (EFC) (attached)

*(requested of counselor)*

- If you do not intend to file the FAFSA, or if there are  
any unusual circumstances the Scholarship Committee  
should take into account, please attach an explanation,
- \_\_\_\_\_ Official Transcript
  - \_\_\_\_\_ SAT/ACT Scores

### Student Applicant:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

*I certify that the information provided on the Standard Scholarship Form that accompanies  
this cover sheet is complete and accurate to the best of my knowledge.  
If requested! I agree to furnish proof of the information I have submitted.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Hyannis Area Chamber of Commerce



## Standard Scholarship Form

### Student Demographic Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender, Female ( ) Male ( ) Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

### Parent/Guardian Information:

**Father** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mother** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Student High School Information:

GPA: \_\_\_\_\_ (4 point scale) Class Rank: \_\_\_\_\_ Class Size: \_\_\_\_\_

SAT Scores: Critical Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

**OR** Composite ACT Score: \_\_\_\_\_

Dates of Attendance: From \_\_\_\_ / \_\_\_\_ month/year To \_\_\_\_ / \_\_\_\_ month/year

Anticipated Date of Graduation: \_\_\_\_ month/year

Other School(s) Attended: \_\_\_\_\_

Dates of Attendance: From \_\_\_\_ month/year To \_\_\_\_ month/year

Guidance Counselor: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

*If requested, an official copy of the student's transcript and a copy of the student's SAT or ACT score report is provided in a sealed envelope bearing the Guidance Counselor's signature.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

