

# **ROBERT DIBONA SCHOLARSHIP**

## **CLINTON CHAMBER OF COMMERCE**

*"The purpose of this scholarship is to reward an applicant who has taken an active part in attaining his or her own goals."*

1. This annual award goes to graduating seniors whose primary residence is Clinton.
2. The scholarship selection is made from submitted applications. All students are encouraged to apply. (An interview of the finalists may be required.)
3. Students must fill out this application form personally. Please print clearly. Use separate pages only if necessary. Give clear and concise answers.
4. The recipient must be accepted at or planning to attend an institution of higher education. (vocational school or college)
5. The recipient must have participated in extra-curricular and community service activities, including non-school-sponsored activities and/or employment.
6. Financial need will be a consideration.
7. A total of \$3,000 will be divided among the award recipients.
8. All information will be kept strictly confidential.
9. Applications must be received **no later than Monday, April 25.**
10. We encourage you to attach any letters of recommendation from an employer or teacher.
11. Interviews of finalists will be held at The Morgan School in May.

***Please attach an official copy of your high school transcript and send to: Clinton Chamber of Commerce, P.O. Box 334, Clinton 06413***



5. List job experience and contact people and phone numbers.

---

---

---

---

---

---

---

---

6. Please explain any special circumstances or give any reasons why you feel you should receive the scholarship.

---

---

---

---

---

---

---

---

7. What are your estimated continuing education expenses for the upcoming year? \$\_\_\_\_\_

8. Please describe how you will be paying for your continuing education. Include your personal contribution, your parent(s) contribution, financial aid, scholarships, etc.

---

---

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
(Signature of Applicant) Date\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent and/or Guardian) Date\_\_\_\_\_