



3157 Mt. Morris Road, #103, Waynesburg, Pa 15370 - 724-627-5926  
Email: [info@greenechamber.org](mailto:info@greenechamber.org) Web: [www.greenechamber.org](http://www.greenechamber.org)

***Dr. Nancy I. Davis Memorial Leadership Scholarship  
\$1,500 CASH SCHOLARSHIP***

**CRITERIA**

1. Applicant must reside in Greene County and/or be employed in Greene County
2. Applicant must be enrolled or accepted in an undergrad or grad program
3. The scholarship award must be used for tuition, fees or textbooks required for the course of study

***APPLICATION INSTRUCTIONS***

**DEADLINE: RECEIVED IN CHAMBER OFFICE no later than 3:30 p.m. on Friday, April 13<sup>th</sup>, 2018**

**Failure to follow the rules listed below will result in application being disqualified**

1. Submit the completed “Scholarship Application” form
2. Submit verification of your enrollment in an accredited undergrad or grad program
3. Submit a list of your community involvement
4. Submit a narrative on how you have demonstrated leadership – 500 to 750 words
5. Submit a professional or high quality photo of yourself

The scholarship recipient will be notified by May 1st, 2018  
The Scholarship will be awarded at the General Membership Luncheon, May 30th, 2018

***PLEASE SUBMIT COMPLETED APPLICATION TO:***

***Preferred Method: [info@greenechamber.org](mailto:info@greenechamber.org) – Receipt will be acknowledged***  
***Alternate Methods -Postal mail or Deliver - 3157 Mt. Morris Road, #103, Waynesburg, Pa 15370 10am-4pm***

***QUESTIONS MAY BE DIRECTED TO 724-627-5926***

**Failure to provide the items listed above will result in your application being disqualified from competition.**

The Chamber of Commerce is not responsible for lost, undelivered, late or incomplete applications.



**SCHOLARSHIP APPLICATION**

I wish to be considered for the Dr. Nancy I. Davis Memorial Leadership Scholarship from the Greene County Chamber of Commerce. I have attached all necessary information as requested and give the Scholarship Committee the right to review this information. I understand the selection will be made by an impartial committee. I further understand that my application will be disqualified if I fail to meet the scholarship criteria or fail to follow the scholarship application instructions.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ if applicable

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

List your post-secondary education, include school(s), dates attended, date completed and any degree or certificate received, if applicable. Use additional page if necessary.

---

---

---

Where are you continuing your education: \_\_\_\_\_

*\*\* Please attach verification of enrollment*

Planned Course of Study: \_\_\_\_\_

Career Goal(s): \_\_\_\_\_

---

---

---

How will this scholarship help you reach those career goals: \_\_\_\_\_

---

---

---

Does your employer provide financial assistance for higher education, if applicable : \_\_\_\_\_ Yes or No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information submitted in this application is, to the best of my knowledge, true and accurate. I understand falsification of information, or failure to provide information, may result in the termination of any scholarship granted. I understand that all decisions made by the judging panel are final and not subject to review or appeal. I further understand that any information provided in this form will be shared with the panel of judges and if selected to receive the scholarship all of the information in the application as well as the photograph provided will be used for promotional purposes without further compensation or notification.

The Dr. Nancy I. Davis Memorial Leadership Scholarship will be awarded without discrimination, including, but not limited to, race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, political affiliation or military status.

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

**PLEASE SUPPLY THE FOLLOWING:**

1. This Form
2. Verification of continuing education
3. List of Community Involvement
4. Leadership narrative
5. Photo of yourself

***PLEASE SUBMIT COMPLETED APPLICATION TO:***

***Preferred Method: [info@greenechamber.org](mailto:info@greenechamber.org) – Receipt will be acknowledged***

***Alternate Methods -Postal mail or Deliver - 3157 Mt. Morris Road, #103, Waynesburg, Pa 15370 10am-4pm***

**DEADLINE: RECEIVED IN CHAMBER OFFICE no later than 3:30 p.m. n Friday, April 13<sup>th</sup>, 2018**

***QUESTIONS MAY BE DIRECTED TO 724-627-5926***

**Failure to provide the items listed above will result in your application being disqualified from competition.**

The Chamber of Commerce is not responsible for lost, undelivered, late or incomplete applications.