WISE COUNTY CHAMBER OF COMMERCE
CHERYL RICHARDSON MEMORIAL SCHOLARSHIP
2009-2010 APPLICATION

Name of Applicant: _____
Last First Middle

Name of Parents or Guardians: _____

Address of Applicant: _____

Telephone Number of Applicant: _____

Social Security Number: _____

High School: _____

Class Rank: _____ Number in Class: _____

SAT Score (combined essay, critical reading & math scores):_____ or ACT Score: _____

College you plan to attend: _____

Accepted _____Yes _____No

School/Community Leadership and Service Activities (Please enumerate and explain in an essay of no more than two type-written pages.)

Recommendation (One recommendation from a teacher or school employee who is in a position to evaluate character, service, and leadership must accompany the application.)

A transcript of grades and test scores is required.

Please forward, by April 1, 2010, completed application and supporting documents to:

Wise County Virginia Chamber of Commerce
765 Park Avenue
P.O. Box 226
Norton, VA 24273

By signing below, I certify that all information submitted and provided in regard to myself or my child's eligibility for the Wise County Chamber of Commerce Cheryl Richardson Memorial Scholarship is true and correct to the best of my knowledge. I understand that should any information be found to be false or incorrect, the application will become null and void and the applicant will be disqualified.

_____ _____ _____
Parent's or Guardian's Signature Applicant's Signature (if 18 or older) Date