

**Application
For
Edom Community Scholarship**

Name of Applicant _____

Date of Birth _____ Age _____ Phone # _____

Physical Address of Residence (i.e. Road or Street) _____

Mailing Address (if different) _____

Parents' Names _____

High School Activities _____

School you are planning to attend _____

Expected Completion Date _____

In a brief paragraph, state:

How has your involvement as a young citizen of the Edom area benefited you?

What are your goals for the future and how could a scholarship help you attain your goals?

How do you plan to contribute to your community when you finish college?

Please include the following with this application, 1. Copy of SAT or ACT results; 2. High School Transcript; 3. Number of students in your graduating class and your placement; 4. Two letters of recommendation by school faculty or community leaders; 5. TAKS/STAAR Test scores.

Mail to – Edom Area Chamber of Commerce, PO Box 153, Edom, TX 75754