

**VICTOR VALLEY CHAMBER FOUNDATION, INC.  
2019-2020 SCHOLARSHIP**

**APPLICATION CRITERIA AND INSTRUCTIONS  
ALL OF THE FOLLOWING CRITERIA MUST BE MET  
IN ORDER TO QUALIFY FOR THIS SCHOLARSHIP PROGRAM.**

Graduation requirements must be completed at an accredited school within the Victor Valley by **June 30, 2019**.

*\*Accredited High Schools in the following cities are as follows: Victorville, Apple Valley, Adelanto, Hesperia, Helendale, Lucerne Valley, Oro Grande and Phelan.*

The applicant must be a legal U.S. Citizen.

The applicant must have a cumulative Grade Point Average of **3.0 or better** on a 4.0 scale on all high school work completed as evidenced by **official** transcripts. Transcripts must include the Fall Semester of the 2019-2020 school year. Transcripts must be from a high school in one of the cities listed above. **Note: Student must be enrolled in a college class for the 2020 Fall Semester. If the student does not use the scholarship, he/she will forfeit the money and the next highest scoring student will receive the award.**

**APPLICATION INSTRUCTIONS**

All application information must be typed. You may complete and print online at: [www.vvchamber.com](http://www.vvchamber.com)

Application is due at the Victor Valley Chamber Foundation, Inc. by **February 25, 2020 by mail or hand delivery.**

The following items **MUST** be included with your application:

- A. An **official** academic transcript (**sealed in envelope from school**)
- B. Proof of U.S. Citizenship required (copy of birth or naturalization certificate and copy of a photo ID)
- C. Typed Resume
- D. Three local personal references (non-relatives), suggested from the following: Educator, Business Person, Youth Group Sponsor, Coach, Minister, or adult friend (may be completed on line at: [www.vvchamber.com](http://www.vvchamber.com)):
- E. Answer the following questions in essay format, double-spaced and typed on a separate sheet of paper. Make sure to include your name on each page.
  1. What are your short (1 year) and long (5 year) range educational and career goals? Include a timeline on how you plan to achieve them. (400 words or less, double spaced)
  2. Write an essay about yourself. It may include the following: talents and accomplishments, your interests, and/or family relationships. (400 words or less, double spaced)

**Please ensure you submit a completed packet with ALL of the above information included.**

**Submission deadline: February 25, 2020**

Victor Valley Chamber Foundation, Inc.  
Attn: Scholarship Committee  
15428 Civic Dr. #310  
Victorville, CA 92392  
Telephone: (760) 245-6506

**APPLICANT INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Cell phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Permanent Residence \_\_\_\_\_  
Street City Zip

Mailing Address \_\_\_\_\_

Last 4 Digits of Social Security \_\_\_\_\_

Parent(s) or Guardian(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City Zip

\* This information is kept confidential.

**APPLICANT CONSENT & VERIFICATION**

I give the Victor Valley Chamber Foundation, Inc. permission to publicize my scholarship award, students name, school and photo should I be a recipient. I therefore certify that the information provided on this application is complete and accurate.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Submission deadline: February 25, 2020**

Victor Valley Chamber Foundation, Inc.  
Attn: Scholarship Committee  
15428 Civic Dr. #310  
Victorville, CA 92392  
Telephone: (760) 245-6506

**VICTOR VALLEY CHAMBER FOUNDATION, INC.  
REFERENCE FORM  
2019-2020 SCHOLARSHIP**

APPLICANT NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

I waive the right to review information provided by the evaluator:    yes \_\_\_\_\_ no \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

---

**TO THE EVALUATOR:**

This student is applying for a scholarship award to be given by the Victor Valley Chamber Foundation, Inc. The information you provide will be most helpful to the scholarship committee. Since students have the right to determine whether or not they wish to have access to this evaluation, you should note the action they have taken.

**DESCRIPTION AND EVALUATION OF APPLICANT**

Please evaluate the applicant on the characteristics that you have observed in 300 words or less. Please address self-discipline, perseverance, initiative, integrity, consideration of others, creativity, and academic promise. Your comments are valuable and appreciated.

Please state your relationship to the APPLICANT (e.g. teacher, coach, minister, business person).

\_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

Your Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

**Submission deadline: February 25, 2020**

Victor Valley Chamber Foundation, Inc.  
Attn: Scholarship Committee  
15428 Civic Dr. #310  
Victorville, CA 92392  
Telephone: (760) 245-6506

**VICTOR VALLEY CHAMBER FOUNDATION, INC.  
REFERENCE FORM  
2019-2020 SCHOLARSHIP**

APPLICANT NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

I waive the right to review information provided by the evaluator:    yes \_\_\_\_\_ no \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

---

**TO THE EVALUATOR:**

This student is applying for a scholarship award to be given by the Victor Valley Chamber Foundation, Inc. The information you provide will be most helpful to the scholarship committee. Since students have the right to determine whether or not they wish to have access to this evaluation, you should note the action they have taken.

**DESCRIPTION AND EVALUATION OF APPLICANT**

Please evaluate the applicant on the characteristics that you have observed in 300 words or less. Please address self-discipline, perseverance, initiative, integrity, consideration of others, creativity, and academic promise. Your comments are valuable and appreciated.

Please state your relationship to the APPLICANT (e.g. teacher, coach, minister, business person).

\_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

Your Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

**Submission deadline: February 25, 2020**

Victor Valley Chamber Foundation, Inc.  
Attn: Scholarship Committee  
15428 Civic Dr. #310  
Victorville, CA 92392  
Telephone: (760) 245-6506

**VICTOR VALLEY CHAMBER FOUNDATION, INC.  
REFERENCE FORM  
2019-2020 SCHOLARSHIP**

APPLICANT NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

I waive the right to review information provided by the evaluator:   yes \_\_\_\_\_ no \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

---

**TO THE EVALUATOR:**

This student is applying for a scholarship award to be given by the Victor Valley Chamber Foundation, Inc. The information you provide will be most helpful to the scholarship committee. Since students have the right to determine whether or not they wish to have access to this evaluation, you should note the action they have taken.

**DESCRIPTION AND EVALUATION OF APPLICANT**

Please evaluate the applicant on the characteristics that you have observed in 300 words or less. Please address self-discipline, perseverance, initiative, integrity, consideration of others, creativity, and academic promise. Your comments are valuable and appreciated.

Please state your relationship to the APPLICANT (e.g. teacher, coach, minister, business person).

\_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

Your Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

**Submission deadline: February 25, 2020**

Victor Valley Chamber Foundation, Inc.  
Attn: Scholarship Committee  
15428 Civic Dr. #310  
Victorville, CA 92392  
Telephone: (760) 245-6506