



# MILL CREEK

## CHAMBER OF COMMERCE

### SCHOLARSHIP APPLICATION 2021

**Applicant's Name:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

email address \_\_\_\_\_

**Address** \_\_\_\_\_

Phone number \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Applicant's School Name:** \_\_\_\_\_

**Graduating Class Year** \_\_\_\_\_

**G.P.A,** \_\_\_\_\_ **Class Rank:** \_\_\_\_\_

**College/University of acceptance** \_\_\_\_\_

**In City, State** \_\_\_\_\_ **Entering** \_\_\_\_\_

**Intended Course of Study or Major** \_\_\_\_\_

**Other Areas of Academic Interest:** \_\_\_\_\_

**Activities, Awards, Offices held in High School (use additional sheet if needed)**

**Freshman:** \_\_\_\_\_



**MILL CREEK**  
BUSINESS ASSOCIATION

The Greater Mill Creek Business Association promotes, supports and connects people and business to create growth, prosperity and a vibrant community.

**Sophomore:** \_\_\_\_\_

**Junior:** \_\_\_\_\_

**Senior:** \_\_\_\_\_

**Extra-curricular Activities/Sports/Clubs:** \_\_\_\_\_

**Civic Organizations/Community Service:** \_\_\_\_\_

**Other Accomplishments of Note:** \_\_\_\_\_

Your typed essay describing your academic and career plans must include a description of your financial need and be received NLT May 14, 2021  
Send the completed application via pdf. attachment to:  
drmichael@theforumdentalgroup.com. If you are unable to send it via attachment, you may mail it to:  
Dr. Michael LaMarche  
Mill Creek Chamber Scholarship Chairman  
15129 Main Street, Suite 202  
Mill Creek, WA. 98012



**MILL CREEK**  
BUSINESS ASSOCIATION

The Greater Mill Creek Business Association promotes, supports and connects people and business to create growth, prosperity and a vibrant community.

All Information provided is accurate and complete

_____	____/____/____
<b>Applicant's Signature and Date</b>	
_____	____/____/____
<b>Parent's Signature and Date</b>	
_____	____/____/____
<b>School Career Counselor's Signature and Date</b>	

Read the requirements carefully. Incomplete applications will be disqualified without contacting the applicant. The completed application must be postmarked or personally delivered not later than May 1, 2018 and include:

- 1) Downloaded completed application form
- 2) Two letters of recommendation from teachers or other adults (relatives excluded)
- 3) Letter of acceptance from a college or University
- 4) Essay of 250 words or less on your education or career plans. Tell us about yourself: why should you be awarded a scholarship? What are your financial needs? Does your academic record show that you have improved over the years?

**MAIL TO:**  
MCBA Scholarship Committee  
C/O Dr. Michael LaMarche  
15129 Main Street, Suite 202  
Mill Creek, WA. 98012

Questions? (425) 357-1818  
E-Mail: drmichael@theforumdentalgroup.com