

## CAREER/TRADE AWARD

## **CRITERIA**

- 1. Applicant must be a resident of Westborough, Northborough, Southborough or Shrewsbury.
- 2. Applicant must be pursuing a certificate program in their career/trade or immediately entering their career/trade following high school graduation. (Awards can be used toward a certificate program or to purchase tools for their career/trade.)
- 3. Transcript of school grades must accompany application and include class rank.
- 4. A letter of recommendation from your guidance counselor addressing your qualifications for the profession you plan to pursue must be submitted with application.
- 5. Awards will be granted on the basis of scholastic achievement, financial need, appearance of application, career/trade experience, and the interview.
- 6. Application deadline is <u>Thursday</u>, <u>January 14</u>, <u>2016</u>. Applications <u>post-marked</u> after the deadline date will not be considered.

\*\*Application should be mailed to:

Karen Chapman

Corridor Nine Area Chamber of Commerce

30 Lyman Street/P.O. Box 1555 Westborough, MA 01581

\*\*If you are a student attending Westborough High, Algonquin Regional or Shrewsbury High School, bring your completed application to guidance. Guidance will mail all applications to the Chamber.

\*\*\*If you have any questions, contact Karen Chapman at Corridor Nine at 508-836-4444.

## **CAREER/TRADE AWARD APPLICATION**

Last Name	First	Middle Initial	Email
Home Address (include street, city, and zi	p code)	Home Telephone	Cell Phone
High School Now Attending			Graduation Date
(1) Parent/Guardian Occupation			(2) Parent/Guardian Occupation
Specific career applicant intends to pursue			
Fraining/school applicant plans to attend			
Will you be working at your desired occup	ation after gradua	tion? YesNoExplain	
	<del></del>		
List your hobbies/interests outside of school	ol. (If additional sp	pace is needed, use a separate sheet of	f paper.)
ist your extra-curricular and/or community	v activities. (If add	ditional space is needed, use a separat	re sheet of namer )
	, 4001710100. (11 444	actional space is needed, use a separat	e sheet of paper.)
ist Your Work/Apprenticeship Experience	:	Dates	Number of Hours/Week
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2)			
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ISION STATEMENT: What is your dre	am job? Why? (	If additional space is needed, use a se	eparate sheet of paper.)
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re there any special circumstances that wo	uld affect our revi	ew of this application? (for example:	major financial hardships, personal, etc.)