



This Scholarship is open to any graduating senior from Mt. Carmel High School in 2026.

The Applicant or their Parent (or Guardian) MUST be a Chamber Member in good standing to be eligible to apply.

The Scholarship may be used at any college/university of the scholarship recipient's choice.

Recipients will be invited to the *Chamber Picnic on June 25th, 2026* for lunch and to receive their checks. PLEASE SAVE THIS DATE.

The Chamber Scholarship Committee will consider all applications, and the recipients will be announced at the Senior Awards Program.

The following criteria will be used in determining the winners:

- The student(s) must work for a Chamber member or be a son/daughter of a Chamber member or the son/daughter of an employee of a Chamber member.
*For a complete listing of members, contact the Chamber Office
(618) 262-5116 or go to www.wabashcountychamber.com/chamber_members/
- Leadership
- Community Service/Involvement
- School Activities/Awards
- Financial Need
- Special consideration will be given to Chamber Event Volunteers

**To qualify, the following items must be submitted to the Chamber office by
Friday, April 16th, 2026:**

1. Completed Application
2. Short Essay including "Why you deserve this scholarship?", "Where do you see yourself in five years?" and "How would you persuade someone to live in Wabash County?"
3. Letter of recommendation from a Chamber Member employee
(Letter of recommendation from faculty/staff or personal recommendation optional)
4. Academic Transcript from MCHS
5. Acceptance Letter from college/university



**WABASH COUNTY CHAMBER OF COMMERCE
APPLICATION FOR SCHOLARSHIP**

MCHS GRADUATING SENIORS ACCEPTED FOR ADMISSION FOR FALL SEMESTER AT ANY COLLEGE OR UNIVERSITY OF THEIR CHOICE ARE ELIGIBLE TO APPLY.

(Application must be neat in appearance.)

PERSONAL INFORMATION:

Name: _____
(First) (Mi) (Last)

Address: _____

Telephone #: _____

Parent or Guardian:

Siblings:

Father's Name _____ Name _____ Age _____

Mother's Name _____ Name _____ Age _____

Guardian's Name _____ Name _____ Age _____

HIGH SCHOOL INFORMATION:

Indicate awards, activities, offices, and community activities during high school years:

COLLEGE INFORMATION:

College or University to Attend: _____

Major Area of Study: _____

EMPLOYMENT:

Present Employment (if any): _____

Past Employment (if any): _____



NAME OF AFFILIATED CHAMBER MEMBER:

Person that works for a Chamber Member that makes you eligible.
I.E. Yourself, Parent, Guardian

Name: _____

Chamber Business Name: _____

Phone Number: _____

Have you volunteered for the Chamber: YES _____ NO: _____

What event(s): _____

Applicant's Signature

Date

Materials to Include:

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(Letter of recommendation from faculty/staff optional)
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**APPLICATION AND ATTACHEMENTS MUST BE E-MAILED WITH
ATTACHMENTS TO OFFICE@WABASHCOUNTYCHAMBER.COM OR
TAKEN TO THE CHAMBER OFFICE (601 N. MARKET ST MT. CARMEL, IL 62863)**

BY Friday, April 16th, 2026