



Criteria:

Applicants shall:

- Be a graduating senior currently enrolled in the Northshore School District
- Submit a completed scholarship application form
- Provide a transcript of school records
- Outline their relevant personal experiences and career goals

We appreciate your support!

Thank you



GREATER BOTHELL
CHAMBER of COMMERCE

Presents the
Ambassadors'

STUDENT SCHOLARSHIP FUND



P.O. BOX 1203
Bothell, WA 98041



Scholarship Mission

With the cost of education rising at an unprecedented rate, many students have become dissuaded from pursuing a higher education. As business representatives, we must remain committed to the growth and future of our community.

Students are an essential part of our Greater Bothell community and with proper encouragement, guidance, and education, they will become active contributors to the future.

It is our hope these scholarships will promote the pursuit of higher education and reduce the financial burden such education imposes.

Ambassadors' Vision for Students

The Ambassadors' heartfelt vision is to provide scholarship funds to those students who have worked hard and would like to further their education. This may be at an accredited two-year, four-year, technical or trade school.

Contact Us

To learn more about the Greater Bothell Chamber of Commerce Ambassadors' Student Scholarship Fund contact us at:

425.485.4353

www.bothellchamber.com

Mail Contributions To:

Greater Bothell Chamber of Commerce
Student Scholarship Fund
P.O. BOX 1203
Bothell, WA 98041



We want to thank you for making dreams happen.

1. Please make checks payable to the Greater Bothell Chamber of Commerce (or GBCC)
2. Identify that contribution is for the Student Scholarship Fund

Please complete & detach the response form with your donation

YES! I want to help provide an opportunity for a student by contributing to the Ambassadors' Student Scholarship Fund.

One time contribution

\$1,000 \$300 \$100 Other _____

Please charge my credit card

Name: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Amount: _____

For other gift arrangements such as memorials, monthly or planned giving, please contact the Chamber at 425.485.4353.

Please **Print** Your Information Below

Name

Address

Apt #

City

State Zip

Phone

Email