



2018 SCHOLARSHIP AWARDS PROGRAM

CANDIDATE NOMINATION FORM

I/we _____, a member of the Yorktown Chamber of Commerce, hereby nominate the following student(s) for a 2018 Yorktown Chamber of Commerce Scholarship:

Name of Candidate: _____

Address: _____

Contact Information: Phone: _____ email: _____

High School attending: _____

Name of Candidate: _____

Address: _____

Contact Information: Phone: _____ email: _____

High School attending: _____

Name of Candidate: _____

Address: _____

Contact Information: Phone: _____ email: _____

High School attending: _____

Name of Candidate: _____

Address: _____

Contact Information: Phone: _____ email: _____

High School attending: _____

Feel free to add additional candidates on a separate sheet of paper

P.O. 632, Yorktown Heights, New York 10598
Phone: 914-245-4599 ♦ Fax: 914-734-7171 ♦ e-mail: info@yorktownchamber.org
Web Site: www.yorktownchamber.org