



**Steamboat Springs Chamber Ambassadors Youth Education Scholarship  
Renewal Application**

**Amount \$1,000.00 - Two scholarships to be awarded in 2011**

**\*\*Deadline April 1st, 2011\*\***

**If you would like this form in an electronic format, download at:**

**[www.steamboat-chamber.com/yes](http://www.steamboat-chamber.com/yes)**

**Completed forms should be mailed to:**

**Steamboat Springs Chamber Resort Association**

**ATTN: Christina Schwartz – Y.E.S. Application**

**P.O. Box 774408 Steamboat Springs, CO 80477**

**Please contact Christina Schwartz at 970.367.6372 with any questions or email  
YES@SteamboatChamber.com**

*This scholarship is for two of the four recipients of the 2010 Youth Education Scholarships only.*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Other Phone number: \_\_\_\_\_ SSN# \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

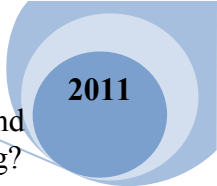
**\*\* Please attach a one page description of your freshman year. Include what you liked, what you have learned and how you have grown and changed as a result of the experience. \*\***

College presently attending \_\_\_\_\_

Current GPA \_\_\_\_\_. Please include transcript if possible – can be sent separately.

Anticipated time of graduation \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_



Are you changing schools or your educational plan? If so, please describe your changes and why. **OR** - If you are staying with your original plan, what has kept you interested in continuing?

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What do you plan to do once you graduate? \_\_\_\_\_

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Please list your current financial plans for your education.

	FRESHMAN YEAR	SOPHOMORE YEAR
Grants	_____ %	_____ %
Scholarships	_____ %	_____ %
Loans	_____ %	_____ %
Work	_____ %	_____ %
Parents/savings	_____ %	_____ %
Self (summer job)	_____ %	_____ %

If you receive this scholarship would it jeopardize any other funding for you? \_\_\_\_\_

If yes – please explain: \_\_\_\_\_

Is there anything else you would like us to consider as part of your application? \_\_\_\_\_

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*Completed applications can be **mailed to the address on page 1** or they can be dropped off at:  
 Steamboat Springs Chamber Resort Association  
 125 Anglers Drive  
 Steamboat Springs, CO 80487  
 Any questions should be directed to Christina Schwartz at 970.367.6372 or email  
 YES@SteamboatChamber.com*