



American Indian Chamber of Commerce of Wisconsin  
2026 - 2027 Scholarship Application

Applications must be postmarked by November 1, 2026

Include your letters of recommendation with this form

*Please type or print clearly*

**Applicant Information**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender: **M** **F**

Marital Status: \_\_\_\_\_

Number of dependents: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Are you a previous AICCW Scholarship Recipient? **Yes** **No** If yes, when? \_\_\_\_\_

**Educational Information**

Year of High School Graduation/GED Equivalent \_\_\_\_\_

Name of High School/GED Program \_\_\_\_\_

Do you currently have a degree? **Yes** **No** If yes, from where? \_\_\_\_\_

Name of school you will be attending in the fall \_\_\_\_\_

Semester Started: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Year in College: \_\_\_\_\_

Declared Major: \_\_\_\_\_

Declared Minor: \_\_\_\_\_

Previous Colleges: \_\_\_\_\_

Hometown Newspaper: \_\_\_\_\_

Will you receive any financial assistance in the academic year in which you are applying? \_\_\_\_\_

**Yes** **No**

**Please list all extracurricular activities and/or volunteer work in which you have been involved (school, community, church).**

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**List all honors and other distinctions that you have received.**

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**Please address the following questions in a 2-page essay (12 font, double spaced):**

- ✓ Describe your personal background.
- ✓ Describe your academic background.
- ✓ Describe any hardships or obstacles you have overcome.
- ✓ Describe your educational and career goals.
- ✓ How will this scholarship help you to achieve your goals?
- ✓ Add anything else that you'd like the scholarship committee to know.

**All information obtained from profile, as well as photo and student statement, may be used by the American Indian Chamber of Commerce of WI for advertising, fundraising, and public awareness purposes. I understand that I will not be compensated for use of these materials.**

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Applicant Signature

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Date

**Send completed application to:**

American Indian Chamber of Commerce of WI  
Attn: Scholarship Program  
10710 W Scharles Ave  
Hales Corners, WI 53130

**Scholarship applications are accepted by US Mail only.**