



# Greater Madison Area Chamber of Commerce 2025-26 Scholarship Application

**Deadline to Apply: May 1 2025**

**Mission Statement** - *“To promote our members, the community, and economic development in the Greater Madison Area, resulting in a better quality of life.”*

**Eligibility Criteria:**

**Scholarship Amount: \$600-\$700**

- Employee of a Madison Chamber Member business
- OR
- Children or Spouse of Employees of a Madison Chamber Business or individual member of the Chamber
- DSU New or Continuing Student
- Any Field of Study

Preference given to students with demonstrated community service

Check one only – Are you an Employee \_\_\_\_\_ Child \_\_\_\_\_ Spouse \_\_\_\_\_ of a Madison Chamber Member?

Madison Chamber Member Business Name \_\_\_\_\_

Parents/Spouse Full Name \_\_\_\_\_

Student Classification/Level at DSU: Continuing \_\_\_ New \_\_\_ Transfer \_\_\_ Undergraduate \_\_\_ Graduate \_\_\_

Student Name \_\_\_\_\_  
Last First Middle Initial

Home Address \_\_\_\_\_  
Street City State Zip

County \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/ Day /Year

Student ID if current student \_\_\_\_\_ Applicant Social Security Number Last four digits ### ## \_\_\_\_\_

Major (If known):1st \_\_\_\_\_ 2nd \_\_\_\_\_

High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Year Graduated or GED \_\_\_\_\_

Dependent students only: Parents’ Name(s) & Address(s) \_\_\_\_\_

**Note:** Please note (See 2025-26 DSU General Scholarship Application Form) on each section below if you have already submitted a 2023-24 DSU General Scholarship Application form before March 1, 2025.

**Involvements & Honors:**

1) List any *community* activities and services in which you have been involved. List the top 5 most recent/important.

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2) List your *university, college/post-secondary school and high school* involvements including: organizations, co-curricular and extra-curricular activities. Please include years involved and offices held. List the top 5 most important involvements.

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3) List any honors (university, college, post-secondary school, high school, or community) you have received. Do Not include scholarships from DSU.

- *If you have additional, unique information to include not already covered within your application that may assist the DSU Scholarship Committee in determining your eligibility for the Madison Chamber of Commerce Scholarship; please briefly include it on an attachment.*

**Optional:** This information is used in compliance with Title VI of the Civil Rights Act of 1964.

Your responses will in no way affect your application.

Required for Civil Rights/Affirmative Action reporting purposes (check all that apply): Gender:  Female  Male

Ethnic Group/Race:  White  African American  Asian  Native American  Hispanic  Other

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With my signature below, I hereby authorize DSU officials to release personal, educational, and financial application results that will assist the DSU Scholarship Committee in the awarding process in conjunction with my scholarship application. Statements supporting scholarship application will be maintained in accordance with the Family Educational Rights and Privacy Act and Gramm-Leach-Bliley Act.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed application to:**

**Greater Madison Area Chamber of Commerce**

315 S. Egan Ave. | Madison, SD 57042 | Phone: 605.256.2454

**Email completed application: [office@chamberofmadisonsd.com](mailto:office@chamberofmadisonsd.com)**