



Skilled Trades Event Scholarship Application

Student Information

First Name _____

Last Name _____

Email _____

Phone _____

High School _____

Grade Level _____

Graduation Year _____

Parent/Guardian Information

Name _____

Email _____

Phone _____

Interest

Which career fields interest you?

(Check all that apply.)

☐ Construction

☐ Electrical

☐ Plumbing

☐ HVAC

☐ Carpentry

☐ Welding

☐ Heavy Equipment

☐ Manufacturing



- ☐ Architecture
 - ☐ Engineering
 - ☐ Construction Management
 - ☐ I'm still exploring
-

Why are you applying?

In 150 words or less, tell us why you'd like to attend this event.

What do you hope to gain?

Choose up to three:

- ☐ Learn about career opportunities
 - ☐ Meet local employers
 - ☐ Learn about apprenticeships
 - ☐ Explore different trades
 - ☐ Learn what education or training is required
 - ☐ Network with professionals
 - ☐ Decide if this career path is right for me
 - ☐ Other: _____
-



Experience

Have you had any experience with skilled trades?

- ☐ Shop class
 - ☐ Tech Ed
 - ☐ Personal projects
 - ☐ Family business
 - ☐ Summer job
 - ☐ None yet
-

Commitment

If selected, I understand that:

- ☐ I will attend the event.
 - ☐ If I cannot attend, I will notify the Chamber so another student may receive the opportunity.
-

I understand that photographs and/or video may be taken during the event for promotional and publicity purposes. I acknowledge that my child may appear in these photographs or videos, which may be used by the Greater Brookfield Chamber of Commerce in print and digital marketing materials, shared with the media, published on social media, or otherwise used to promote the Chamber and its programs.

☐ *Yes, I give permission for my child to be photographed and/or recorded as described above.*

☐ *No, I do not give permission for my child to be photographed and/or recorded.*

Parent/Guardian Name (print) _____

Signature _____

Date _____



Survey Acknowledgment

I understand that completion of a brief post-event survey is a requirement of participation in this scholarship opportunity. The survey will help the Greater Brookfield Chamber of Commerce evaluate the program and improve future opportunities for students.

☐ I have read and understand the survey requirement.

Parent/Guardian Approval

Parent/Guardian Name (print) _____

Signature_____

Date_____