



SINCE 1911

PREPARE YOURSELF®



# ATTENTION: CHAMBER MEMBERS

**Baker College of Clinton Township is offering Business Program Scholarships to all members of any Macomb County Chamber of Commerce.**

## THE SCHOLARSHIP WILL BE AWARDED BASED ON THE FOLLOWING CRITERIA

### SELECTION

- Recipient must be a member of any Chamber of Commerce located in Macomb County
- Student must be a member in good standing or an employee of a member
- Proof of Membership to any Macomb County Chamber and/or proof of employment
- Deadline for submission of the completed application is prior to the start of classes
- Scholarship is available for on-ground classes only at the Clinton Township campus
- Student must be enrolled in an associate or bachelor degree in business  
**(ELIGIBLE PROGRAM LIST AND APPLICATION FORM ARE ON THE NEXT PAGE)**
- Scholarship will be available for two calendar years (began Fall 2014)
- The Admissions office will notify the Financial Aid office of eligible students

### ELIGIBILITY

- The scholarship is available for up to eight quarters (the student does not have to re-apply)
- It is recommended the student complete the FAFSA
- Student must maintain a cumulative GPA of 2.5 to renew for the second year
- Student must maintain membership with Chamber to renew for second year
- Scholarship cannot be used with other Baker College Scholarships except BCG and BCRS
- Only one Chamber membership can be used per student

### AWARDING

- For a full-time student (12 or more hours) \$500 per quarter
- For a quarter-time student (9-11 hours) \$400 per quarter
- For a part-time student (6-8 hours) \$300 per quarter
- For a less than half-time student (less than 6 hours) \$200 per quarter
- The scholarship is available in the Summer quarter
- The scholarship will not be awarded if direct costs (tuition and books) are covered by financial aid other than student loans

### OTHER

- Baker College of Clinton Township is piloting this program for two years ending in June 2016
- Baker College will reevaluate continued participation in June of 2016

## GET STARTED TODAY:



### VISIT:

34401 S. GRATIOT AVE.  
CLINTON TOWNSHIP, MI  
48035



### CALL:

(586) 791-3000



### TEXT:

THE WORD  
"BAKER" TO 74700



### EXPLORE:

ONLINE AT  
BAKER.EDU

SUMOTEXT Promotional Alerts (max8msg/mo). T/CS & Privacy Policy at www.74700.mobi. Reply STOP to opt out or HELP for help. Msg & Data Rates may apply.

An Equal Opportunity Affirmative Action Institution. Baker College is accredited by the Higher Learning Commission / 230 South LaSalle St., Suite 7-500, Chicago, IL 60604-1411 / 800-621-7440 \ www.ncaahc.org. Baker Center for Graduate Studies' MBA program is also accredited by the International Assembly of Collegiate Business Education (IACBE). For more information about our graduation rates, the median debt of students who completed the program, and other important information, please visit our website at www.baker.edu/gainfulemployment.



**BAKER.EDU**



**STUDENTS MUST BE ENROLLED IN ONE OF THE FOLLOWING BUSINESS AREAS TO APPLY FOR THIS SCHOLARSHIP:**

**ASSOCIATE OF BUSINESS**

- Accounting
- Administrative Professional
- Business Administration
- Entrepreneurship
- Entrepreneurship—Articulated Credit Program
- Human Resource Management
- Management
- Marketing
- Paralegal

**BACHELOR OF BUSINESS**

- Accounting
- Business Administration—Accelerated Program
- Human Resource Management
- Management
- Marketing

**TO QUALIFY FOR THIS SCHOLARSHIP STUDENTS MUST FILL OUT THIS CHAMBER MEMBERSHIP VERIFICATION FORM COMPLETELY AND RETURN TO BAKER COLLEGE OF CLINTON TOWNSHIP**

**STEP 1 (FILL IN THE FORM BELOW)**

INDIVIDUAL'S NAME: \_\_\_\_\_ UIN: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PLEASE CHECK:  CHAMBER MEMBER  EMPLOYEE OF A MEMBER COMPANY

**STEP 2 (BRING FORM TO YOUR CHAMBER OFFICE FOR SIGNATURE)**

**STEP 3 (CHAMBER SIGNATURE)**

This is to verify that the above individual or company is a member in good standing with the Chamber of Commerce.

DATE OF CHAMBER MEMBERSHIP: \_\_\_\_\_ NAME OF CHAMBER: \_\_\_\_\_

CHAMBER STAFF SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

CHAMBER STAFF PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CHAMBER STAFF PHONE: \_\_\_\_\_

**STEP 4 (SUBMIT THIS COMPLETED FORM TO BAKER COLLEGE OF CLINTON TOWNSHIP)**

SUBMIT TO:  
BAKER COLLEGE OF CLINTON TOWNSHIP ADMISSIONS  
34401 GRATIOT AVE., CLINTON TOWNSHIP, MI 48035