

STUDENT ACCESS PASS Program Application

This information will not be shared. We will use the email address listed to send you information about upcoming programs and opportunities to connect with local business organizations.



PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

E-mail Address: _____

By providing your phone number you are **OPTING IN** to receive SMS text updates from the Springfield Chamber. Standard messaging rates may apply.

☐ Check here to **OPT OUT** of SMS.

ACADEMIC INFORMATION

School/College/University Name: _____

Grade/Year: _____ Program of Study/Major: _____

Extracurricular Activities/Clubs: _____

REFERENCE

Please list one personal, professional, or academic reference.

Name: _____ Relationship: _____

Phone: _____ E-mail Address: _____

ADDITIONAL INFORMATION

Are you available to commit to the program for its duration (approximately one year)? _____

Do you have access to reliable transportation to attend program events and activities? _____

Are there any accommodations or special considerations we should be aware of? _____

TELL US WHY

In a separate document or the body of your e-mail, tell us why are you interested in participating in the Springfield Chamber Student Access Pass Program, and what do you hope to get out of your experience? [200 words max]

COST TO PARTICIPATE

Your annual participant fee is \$100. Through the Chamber Foundation, we are committed to removing barriers for student participation, and are able to provide scholarships to participating students. Please indicate your method of payment below:

☐ I will be paying myself; please send an invoice to:

☐ An employer or other sponsor will pay on my behalf:

☐ I would like to apply for a scholarship from the Springfield Area Chamber of Commerce Foundation to cover my participation fee.

Name _____

Name _____

Address _____

Organization _____

Address _____

STUDENT DECLARATION

I hereby declare that all information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in the rejection of my application. I grant the Springfield Chamber permission to use photographs, video, or audio recordings of me for promotional or educational purposes unless I notify the Chamber in writing that I do not grant such permission.

Signature (type name if needed): _____ Date: _____

PARENT/GUARDIAN CONSENT (IF APPLICANT IS UNDER 18)

☐ By checking this box, I confirm that I am the legal parent or guardian of the applicant and consent to their participation.

☐ I grant the Springfield Chamber permission to use photographs, video, or audio recordings of my child for promotional or educational purposes.

I agree that my typed name below constitutes my legal signature.

Sign or type name: _____ E-mail: _____ Date: _____

Please submit your completed application via email to paige@springfield-chamber.org or drop it off at the Springfield Chamber. If you have any questions or need assistance, feel free to contact us at 541-746-1651. Thank you for your interest in the Student Access Pass Program. We look forward to reviewing your application and welcoming you to our program!