

#### **Scholarship Information**

The Rotary Club of Arlington supports local youth in many ways including awarding scholarships to graduating seniors. At least one graduating senior will be selected from each of the following high schools: Arlington, Weston, and Darrington. In addition, a scholarship will be given to a graduating senior to attend a technical or trade school, and five or more scholarships shall be awarded to additional deserving graduating seniors from any of the three schools.

Scholarship Amount: Each scholarship awarded shall be for \$5,000.\*

\*The Scholarship Committee *may* choose to award a \$20,000 scholarship to a student with financial need (\$5,000/year for four years).

#### **Application Process**

- 1) Completed application
- 2) List of honors and awards
- 3) Short essay discussing your educational objectives (1-2 pages)
- 4) Summary of ways you have helped your community
- 5) Transcript
- 6) Letters of recommendation (2-4)
- 7) Financial Aid Questionnaire

Application Deadline: **April 30** (must be postmarked no later than 4/30)

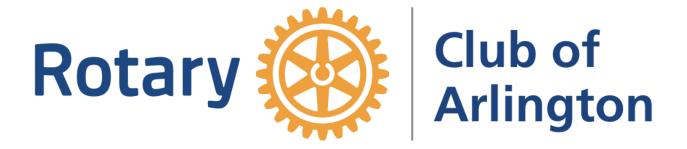
Mail your completed packet to:

Rotary Club of Arlington % Columbia Bank-Narda Schulz PO Box 296 Arlington, WA 98223

Three or more students from each school listed above will be chosen as finalists. These students will participate in a brief interview with members of the Scholarship Committee.

The scholarship recipients will be announced at each school's scholarship assembly.

# ARLINGTON ROTARY SCHOLARSHIP



Insert One Photo

### Applicant's Name

First	Middle	Last
Birthdate:	Age:	
Address:		
Phone number:	Fmail:	

# **Post High School Plans:** College/School you plan to attend; Have you been accepted: \_\_\_\_\_ Applied/Waiting: \_\_\_\_ will apply: \_\_\_\_\_ Intended major/area of interest: \_\_\_\_\_ **Family Information:** Father/Guardian: \_\_\_\_\_ Home Phn: \_\_\_\_ Place of Employment: \_\_\_\_\_\_Work Phn: \_\_\_\_\_ Position: Full Time: Part Time: Mother/Guardian: \_\_\_\_\_ Home Phn: \_\_\_\_\_ Place of Employment: \_\_\_\_\_\_Work Phn: \_\_\_\_\_ Position: \_\_\_\_\_ Full Time: \_\_\_\_ Part Time: \_\_\_\_ Dependent students in family: List any other member of your immediate family who will be attending any school during your freshman year of college. First name only Age Grade First name only Age Grade Other dependents: List other members of your immediate family who will be attending any school during your freshman year of college. **Release of Information**: I give my permission for the information contained in my scholarship notebook to be reviewed by the scholarship screening committees: Date Student Date Parent/guardian

### **Academic Information:**

Rank ir	n Class	of	students.
Reading	Math		Writing
	Math		Composite
Advanced Plac	cement		
	Reading	Reading Math Math	Reading Math  Math

List the honors and awards you have received. Give a brief description and X the appropriate category.

HONOR/AWARD	9	10	11	12	DESCRIPTION
Example: Science Award	Х				Outstanding Classroom Achievements

In the left column, list your major activities and mark an "X" for the year(s) during which you participated. In the right column, list any leadership positions you held as part of that activity or any contributions you made, and mark an "X" in the grade level it occurred. One entry per line please.

Student Activities					Leadership/Accomplishments				
	9	10	11	12		9	10	11	12
Ex: Debate Team	Χ	Χ			Team Captain		Χ		

List the most significant work experie with the most recent.	ences you have he	ld during the pa	st four year	s, beginning
Name and Address of Employer	Position Held	From Mo/Yr	To Mo/Yr	Hrs/WK

List ways in which you have helped your community. One entry per line please. You may attach additional page is needed. Please include supervisor's signature to validate.

Service Activity	Description	Total Hrs	Supervisor
,	·		·

#### STATEMENT OF FINANCIAL NEED

Use this space to commen	t regarding you	r individual financial need
circumstances.		
FAFSA: Have applied	_Will apply	will not Apply



#### PERSONAL STATEMENT

Limit your comments to this page (front side only). A typed copy can also replace this page. Discuss <u>one</u> of the following topics:

- 1. How will your individual background, experiences and personal identity influence your educational pursuits?
- 2. Write about a meaningful activity you have participated in and its influence in your life.
- 3. Indicate a person who has had a significant influence on you and describe that influence.



## **Teacher Recommendation**

Teacher's Name:	_ Student's Name:
A SIGNED, TEACHER LETTER OF RE	ECOMMENDATION MAY REPLACE THIS PAGE.
Please list the classes this student has taken have worked with him or her.	from you as well as other capacities in which you
What are the first words that come to your n	nind when describing this student?
Does this student's achievements reflect his	/her ability?
In what way has this student been memorab might distinguish this student from other stu	le? We are especially interested in things that idents seeking local scholarships.
Si an atura	
Signature	



# **Community Member Recommendation**

Evaluator's Name:	_Student's Name
A SIGNED COMMUNITY MEMBER LETTER PAGE.	R OF RECOMMENDATION MAY REPLACE THIS
How long and in what capacity have you known	this student?
What are the first words that come to your mind	when describing this student?
Does this student demonstrate curiosity and initia	ative?
Signature_	



### FINANCIAL ASSISTANCE QUESTIONAIRE For \_\_\_\_\_yr\_\_\_school yr.

A.	STUDENT								
Mı									
MS	Last Name	First Name	Mic	ddle Initial					
	rmanent Mailing ldress:								
В.	PARENT'S INCOME, EX	PENSE AND ASSET D	ATA FOR THE YEAR JAN	.1(YR) TO DEC.					
	Please have your paren is from:	Please have your parent(s) complete the following section. Indicate whether the information							
			ormation to be filed by a filing date of April 15,						
	1. Gross Income earn	ed from Wage Earne	r 1:\$						
	2. Gross Income earne								
	Adjusted Gross Inco	ome	\$	<del></del>					
	3. Untaxed income an	d benefits: Social Se	ecurity, etc\$	·····					
	4. Medical/Dental exp								
	5. Cash, Savings, Chec	king Accts, stocks, e	tc\$	<del></del>					
c.	ADDITIONAL INFORMA	ATION							
	Parent's current marital status is:SingleMarriedSeparatedDivorced								
	Total number of family time during the(			ndary school at least half-					
D.	CERTIFICATION AND SIGNATURES								
	Certification: All of the knowledge.	information on this	form is true and compl	ete to the best of our					
	Applicant's Signature		Parent's Signature	 Date					