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**Rotary Club of LeRoy**

**R.E.A. MILNE**

**SCHOLARSHIP FUND, INC.**

**APPLICATION FORM**

**Eligibility: This scholarship is open to:**

**graduating high school students residing in the LeRoy Central School District (regardless of what school you attend), and also students who are graduating from LeRoy Central School regardless of residency.**

**The R.E.A. Milne Scholarship Fund, Inc.**

**is a non-profit corporation**

**established by**

**The Rotary Club of LeRoy**

**R.E.A. MILNE SCHOLARSHIP FUND, INC. APPLICATION FOR SCHOLARSHIP FOR RESIDENTS OF THE LEROY SCHOOL DISTRICT** **(deadline date: postmarked May 16, 2020)**1. Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_

Applicants Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. School Planning to Attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Degree: Associate \_\_\_\_\_ Baccalaureate \_\_\_\_\_\_\_ Certificate\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you planning on living on campus? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following documents **must** accompany your application:**1. Your student aid report or your Financial Award Letter from your college or trade school of choice**

**2. EFC (Estimated Family Contribution) located on the Form from the US Department of Education. (FASFA) The number on this line is all that is needed from this form. Please redact any other information located on this form. 3. Your high school or college transcript.4. Your personal resume**

**5. One letter of recommendation from a non-family member. I. e. (teacher, guidance counselor, principal coach, clergy member, etc.) Le Roy Rotarians cannot write letters of recommendation.**

**6. Each applicant will be expected to participate in a brief interview with the Milne Board Committee. These will occur in late May, early June.**

Failure to submit these documents by the deadline date will invalidate your application.

**Recipients of this scholarship will be required to renew their application status on an annual basis. Failure to reapply, will result in the discontinuation of this award. The recertification form can be found on** [**www.leroyrotary.org**](http://www.leroyrotary.org)**. The annual deadline for the form is June 30th. The REA Milne Memorial Scholarship Board of Directors also reserves the right to discontinue this scholarship for any reason.**

The information furnished on this form is, to the best of our knowledge; complete and correct. Permission is granted for the Rotary Club to release photographs, names and addresses of recipient and family for publicity purposes. Confidential information will not be released.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian Date

Applications **MUST** be returned to: R.E.A. MILNE SCHOLARSHIP FUND, INC., Box 141, LeRoy, NY 14482

**Due: Must be postmarked by May 16th**