

LOCKPORT ROTARY CLUB SCHOLARSHIPS - 2017



REMINDER: COMPLETED APPLICATION IS DUE TO YOUR GUIDANCE DEPT. BY WED. FEB 15, 2:30PM. CALL (716) 432-5106 IF ANY QUESTIONS

Full Name of Applicant: _____
First Middle Last

Home Address: _____
Street City State Zip

Home Phone #: _____ Cell Phone #: _____

With Whom do you live: _____

Father's Name: _____ Living or Deceased: _____

Father's Employer: _____ Occupation: _____

Mother's Name: _____ Living or Deceased: _____

Mother's Employer: _____ Occupation: _____

Number of dependent children in the family living at home: _____ Number attending college at this time: _____

Name of Guardian if other than parent: _____ Relationship: _____

Check One:

_____ This application is for the academic scholarship (4 yr. program). Intended major or field of study _____

_____ This application is for the vocational scholarship (2 yr. program). Intended field of study or training _____

Institution Choice : 1) _____ 2) _____ 3) _____

Interview scheduling: If you are selected, please suggest a time period which you would prefer for a 15 minute interview.

on **Wednesday, March, 8, 2017:** _____ 4:00-5:00pm _____ 5:00-6:00pm _____ 6:00-7:00pm

Please list the names, positions, and addresses of three people (include only one teacher) who can speak authoritatively about your character, personality and ability. **Attach a letter of recommendation from each individual to your application.**

Name (recommendation provided):	Title or Relationship:	Organization:

Please list your participation in extra-curricular high school and community activities and indicate leadership positions in which you have served. Indicate those in which you have obtained a letter, other awards, recognition, or if you have served as an officer:

Describe any employment experience you may have had.

List any additional scholarship, honors, or special recognition you have received.

Name of applicant: _____

In essay form, please answer the following question (**Note:** Essay may be written or typed and attached as a separate document):

My Plan to Meet Yearly Academic Expenses

Note: Please complete the tables below only to demonstrate that you have an understanding of your potential education expenditures (cost) and the revenue (resources) necessary to be financially responsible. Scholarship awards will be made based upon personal attributes and achievements, not financial need.

Projected Expenditures:

Projected Resources:

	Institution #1	Institution #2	Institution #3	Source of Funding	Amount
Institution Name:				From parents/guardian	
Tuition				From relatives or friends	
Fees				Gifts	
Books				Loans	
Room and Board				Net savings of my own	
Recreation				Scholarships received	
Laundry				Scholarships anticipated	
Clothes				Employment during the summer	
Transportation				Employment while at school	
Miscellaneous				Other	
TOTAL	\$	\$	\$	TOTAL	\$

We are in agreement with the plan to meet yearly academic expenses:

Student's signature: _____

Date: _____

Parent/Guardian Signature _____

Date: _____

Name of applicant: _____