

## 2019 LOCKPORT ROTARY CLUB SCHOLARSHIP APPLICATION



**REMINDER: COMPLETED APPLICATION IS DUE TO YOUR GUIDANCE DEPT. BY WED., 2/13/19, AT 2:30PM. CALL (716) 261-8231 IF ANY QUESTIONS**

Full Name of Applicant: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
# Street City State Zip

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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: \_\_\_\_\_

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 indicate the time period which you would prefer for a 15-minute interview

on **Thursday, March 14, 2019:** \_\_\_\_\_ 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:

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Describe any employment experience you may have had.

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

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**Name of applicant:** \_\_\_\_\_



### 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:**

	Institution #1	Institution #2	Institution #3
<b>Institution Name:</b>			
Tuition			
Fees			
Books			
Room and Board			
Recreation			
Laundry			
Clothes			
Transportation			
Miscellaneous			
<b>TOTAL</b>	\$	\$	\$

**Projected Resources:**

Source of Funding	Amount
From parents/guardian	
From relatives or friends	
Gifts	
Loans	
Net savings of my own	
Scholarships received	
Scholarships anticipated	
Employment during the summer	
Employment while at school	
Other	
<b>TOTAL</b>	\$

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

Student's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Name of applicant:** \_\_\_\_\_