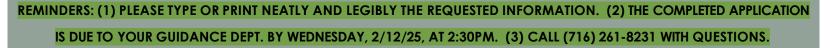
2025 LOCKPORT ROTARY CLUB SCHOLARSHIP APPLICATION





Full Name of Applicant:					
Home Address:	First	Middle	Last		
nome Address.					
#	Street		City	State	Zip
Cell Phone #:		Alt P	hone #:		
Email Address:					
With Whom do you live? _					
Father's Name:				Living	Deceased
Father's Employer:				Occupation:	
Mother's Name:				Living	Deceased
Mother's Employer:				Occupation:	
Name of Guardian if othe	r than parent:			Relationship:	
Check One:					
This applicatio	on is for an academic	pursuit (4 yr. prog	gram). Intended majo	r or field of study:	
This application	on is for a vocational	pursuit (2 yr. prog	ram). Intended field (of study or training:	
Institution Choice:1)		2)		3)	
Interview scheduling: If v	ou are selected inlec	use indicate the ti	me period which you y	would prefer for a 15-minute i	nterview
	•			5:00-6:00pm	

Name:	Relationship:	Address:	
On a separate printed page following four (4) requests for	, , , , , , , , , , , , , , , , , , , ,	on and marked with your name, please respo	nd to the
	ved. Indicate those in which you have	nmunity activities and indicate any leadership obtained a letter, other awards, recognition,	•
2. Describe any employm	nent experience you have had.		
3. List any additional sch	olarships, honors, or special recognition	you have received.	
	arate page (or pages), please respond to obtain a college education or adva	d to the following question: "What personal exnced vocational training?"	(perience:
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, <u>not</u> financial need.

	Institution #1	Institution #2	Institution #3
Institution Name:			
Tuition			
Fees			
Books			
Room and Board			
Recreation			
Laundry			
Clothes			
Transportation			
Miscellaneous			
TOTAL			

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	
TOTAL	

Name of applicant:	
Parent/Guardian Signature:	Date:
Student's signature:	Date:
We are in agreement with the plan to meet yearly academic expe	enses: