

## GERALD L. SALING MEMORIAL ROTARY SCHOLARSHIP CRITERIA

The Rotary Club of Spokane North will award two (2) \$1,500 scholarships to students who will be (or are) enrolled in an accredited college or university. The scholarship may be used for tuition, board, room or any other required school fee. The applicants shall be evaluated based on the established guidelines, without discrimination because of race, creed, gender or national origin.

### ***ELIGIBILITY:***

#### ***An applicant must:***

1. Be a graduate by the end of this school year from one of the following Spokane Public Schools: **North Central, Rogers, Shadle Park, On Track Academy, or the Community School.**
2. Have an overall 3.00 GPA.
3. Have applied to or be enrolled in an accredited postsecondary educational program.

### ***APPLICANT:***

#### ***An applicant must:***

1. **Complete** the application (typed). When completing the application, please spell out the names of organizations, clubs or activities in your answers.
2. **Attach** to the completed application: two (2) letters of recommendation from current school faculty members
3. **Attach** to the completed application: an electronic copy of high school or college transcript (can be scanned).
4. **Email** all application materials to **Scholarship@SpokaneNorthRotary.org**.

Applications must be electronically received by **June 5th, 2020**. Final selection of recipients will be made by the Scholarship Committee of the Rotary Club of Spokane North. Scholarship recipients will be invited to a regular Rotary club meeting in **July 2020** for presentation of the scholarship. Please note that scholarship award checks will be made payable to the school listed in the application and not to the Applicant.

**ROTARY CLUB OF SPOKANE NORTH  
2020 GERALD L. SALING MEMORIAL ROTARY SCHOLARSHIP  
APPLICATION**

APPLICANT NAME \_\_\_\_\_  
Last First Middle Initial

CURRENT MAILING ADDRESS \_\_\_\_\_  
Street City State Zip

CURRENT TELEPHONE \_\_\_\_\_

PARENT OR GUARDIAN: \_\_\_\_\_

MAILING ADDRESS OF PARENT OR GUARDIAN (IF DIFFERENT FROM APPLICANT'S)

\_\_\_\_\_  
Street City State Zip

HIGH SCHOOL \_\_\_\_\_  
Name City/State Graduation Date

H.S. / COLLEGE COUNSELOR \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_

HIGH SCHOOL GPA \_\_\_\_\_ (4.0 scale)

COLLEGE OR UNIVERSITY YOU ATTEND / PLAN TO ATTEND: \_\_\_\_\_

PROPOSED MAJOR / MAJOR : \_\_\_\_\_

I certify that all information on this application and all enclosures are true and accurate to the best of my knowledge. I understand that any misrepresentations may cause an award to be rescinded.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

**TELL US ABOUT YOUR EDUCATIONAL PLANS OR GOALS:**

**ROTARY MEMBERS STRIVE TO MAKE A DIFFERENCE IN THEIR COMMUNITY AND THE WORLD. HOW HAVE YOU MADE OR HOW DO YOU PLAN TO MAKE A DIFFERENCE IN YOUR FAMILY, COMMUNITY OR THE WORLD?**

**SHARE WHAT THE SCHOLARSHIP WILL MEAN TO YOU IN OVERCOMING ANY FINANCIAL CHALLENGES YOU HAVE, IF ANY.**

**THE ROTARY FOUR WAY TEST IS (1) Is it the Truth; (2) Is it fair to all concerned; (3) Will it build goodwill and better friendships; (4) Will it be beneficial to all concerned? Tell us how your life exemplifies this test and how you plan to live up to it in your future.**

**WE'RE LISTENING...IS THERE ANYTHING ELSE YOU WANT US TO KNOW ABOUT YOU IN CONSIDERATION FOR THIS SCHOLARSHIP? PLEASE TELL US.**