



## The Rotary Club of St. Albans Scholarship

**ATTENTION SENIORS ONLY:** The Rotary Club of St. Albans invites you to apply for our first Annual Scholarship Awards. The Scholarship(s) are awarded to students that reside in Franklin County. For the calendar year of 2024 The Rotary Club of St. Albans will award two, \$1,000.00 scholarships.

Our Scholarship is intended to recognize individuals who have demonstrated leadership qualities, achieved academic success, and exhibited the characteristics of "Service Above Self." The Committee will be looking for candidates that have performed community service giving back to the community beyond what is required to fulfill a club or school requirement.

The Rotary Club will award funds to be used towards pursuit of postsecondary education or certification. To qualify, you must complete this application, submit it (in its entirety) by the deadline, be determined eligible, and satisfy the criteria established by Rotary Club of St. Albans Scholarship Committee.

### **QUALIFICATIONS:**

1. Graduating Senior
2. Resides within Franklin County
3. Demonstrated school and/or community service
4. Proof of acceptance to a college or university, technical school, or certification program
5. Applicant must email the application and supporting documentation by APRIL 1, 2024

**REQUIREMENTS:** Application and all attachments for email submission.

*It is the policy of the Rotary Club of St. Albans to ensure full equality of opportunity in this scholarship without regard to sex, race, creed, religion, color, national origin, age, marital status, economic status, or disability.*

## Scholarship Application

1. Name: \_\_\_\_\_
  
2. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Phone Number: (\_\_\_\_\_) \_\_\_\_\_
  
4. Email address: \_\_\_\_\_
  
5. High School: \_\_\_\_\_
  
6. Schools Applied to or accepted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Desired Field of Studies: \_\_\_\_\_

Filling this application does not imply a scholarship will be awarded.

If I am granted a scholarship, I understand that I am making a commitment to pursue higher education or participate in a certification program. I affirm that the information I have provided on this application is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date

Local Scholarship Application-The Rotary Club of St. Albans

Please return completed application and requested documents by April 1, 2024.



