

ROTARY CLUB OF ST. CROIX MID-ISLE CHARITABLE FOUNDATION

Rotary Club of St. Croix Mid-Isle - OCWEN Mortgage Servicing, Inc. Annual Scholarship



TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly. APPLICATION POSTMARK DEADLINE April 15, 2019

| APPLICANT DATA | A Last Name | First_ | | Middle Initial |
|----------------|--|--|--|--|
| | Permanent Home Mailing Address | | | |
| | | | | Apartment # |
| | City | State | | _Zip Code |
| | Home Telephone | Cell Phone | E-Mail | |
| | Last 4 digits of Social Security # | Date of Birth: Month | Day | Year |
| CUSTODIAL PARE | NT Last Name_ | First | | Middle Initial |
| INFORMATION | | | | |
| | Work Phone | E-mail Address | | |
| | Other e-mail | Relationship to Applicant_ | | |
| | Is applicant a dependent of the Par | rent? Circle correct answer Yes | No | |
| | | | | |
| | List all secondary institutions attended St. Croix Educational Complex or St. | ded, including the one where you are pro St. Croix Central High School. | esently enrolle | d, which latter must be either the |
| | | St. Croix Central High School. Date of Attendance Name o | esently enrolle of Diploma or ate Awarded | d, which latter must be either the Month/Year of Completion |
| | St. Croix Educational Complex or S Name of Institution State | St. Croix Central High School. Date of Attendance Name o | of Diploma or | |
| | St. Croix Educational Complex or S Name of Institution State | St. Croix Central High School. Date of Attendance Name o From To Certifica | of Diploma or ate Awarded | Month/Year of Completion ——————————————————————————————————— |
| | St. Croix Educational Complex or S Name of Institution State | St. Croix Central High School. Date of Attendance Name o From To Certifica | of Diploma or ate Awarded ed). (If unknowr | Month/Year of Completion |
| | St. Croix Educational Complex or S Name of Institution State Name of college/university you plant the schools to which you have apple | St. Croix Central High School. Date of Attendance Name o From To Certifica | of Diploma or ate Awarded ed). (If unknowr | Month/Year of Completion |
| | St. Croix Educational Complex or S Name of Institution State Name of college/university you plan the schools to which you have appl Name of School | St. Croix Central High School. Date of Attendance Name o From To Certifica Certifica n to attend next year (must be accredite lied). Use the official school names. Must | of Diploma or ate Awarded ed). (If unknowr st be a 4 yr. Co | Month/Year of Completion n, please list in order of preference of the complete of the |
| | St. Croix Educational Complex or S Name of Institution State Name of college/university you plan the schools to which you have appl Name of School Address | St. Croix Central High School. Date of Attendance Name o From To Certifica Certifica n to attend next year (must be accredite lied). Use the official school names. Must | of Diploma or ate Awarded ed). (If unknowr st be a 4 yr. Co | Month/Year of Completion |
| | St. Croix Educational Complex or S Name of Institution State Name of college/university you plan the schools to which you have appl Name of School Address Or | St. Croix Central High School. Date of Attendance Name of From To Certification n to attend next year (must be accredite lied). Use the official school names. Must be accredite City | of Diploma or ate Awarded ed). (If unknowr st be a 4 yr. Co | Month/Year of Completion Month/Year of Completion Completion Discrepance Discre |
| | St. Croix Educational Complex or S Name of Institution State Name of college/university you plan the schools to which you have appl Name of School Address Or Name of School | St. Croix Central High School. Date of Attendance Name o From To Certifica n to attend next year (must be accredite lied). Use the official school names. Must be accredite City | of Diploma or ate Awarded ed). (If unknown st be a 4 yr. Co | Month/Year of Completion Month/Year of Completion n, please list in order of preference of the control of the |
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| SCHOOL DATA | St. Croix Educational Complex or S Name of Institution State Name of college/university you plan the schools to which you have appl Name of School Address Or Name of School Address Academic Year begins (date) | St. Croix Central High School. Date of Attendance Name o From To Certifica n to attend next year (must be accredite lied). Use the official school names. Must be accredite City | of Diploma or ate Awarded ed). (If unknown st be a 4 yr. Co | Month/Year of Completion Month/Year of Completion n, please list in order of preference of the prefe |

RESUME Page 2

List on separate sheets of paper your resume, detailing as follows:

- 1. Your work experience during the past four years. Indicate details of employment, employer name, your position, and approximate number of hours worked each week. List amounts earned at each job.
 - Your school and outside activities during the past four years e.g. student government, music, sports, etc., as well as community activities such as scouting, volunteering at events and community service projects.
 - Indicate all special awards, honors and offices you have held.

4. List any grants or scholarships awarded for the coming school year only:

- Indicate your travel experience and foreign language skills.
- 2. Write an essay about your plans as they relate to your educational and career objectives and future goals.
- Write a brief biography of yourself with emphasis on how you exemplify the object of Rotary as it relates to community involvement. (Access Rotary information at WWW. ROTARY.ORG)

FINANCIAL DATA

- 3. Applicant must attach a copy of his/her FAFSA (Free Application for Student Aid) Student Aid Report. If you have not submitted a FAFSA, a copy of your parent's or guardian's most current U.S. Income Tax Return must be submitted with your application.
- Name of Award Amount Circle one: Granted Pending Pending APPLICATION The student is responsible for submitting all materials to the Rotary Club of St. Croix - Mid-Isle Charitable Foundation on time. This CHECKLIST application for a scholarship becomes complete and valid only when the Rotary Club of St. Croix - Mid-Isle Charitable Foundation has received all of the following materials: [] Student Application, including Resume All materials, including transcripts, must be addressed to: Essay and Biography Rotary Club of St. Croix – Mid-Isle Charitable Foundation [] Current Complete Transcript(s) P. O. Box 224515 including grading scale & SAT scores Christiansted, VI 00822 On-line transcripts are not acceptable Postmark Deadline: April 15, 2019 [] Student Aid Report (FAFSA – Free Application for Student Aid) [] Applicant Appraisal Forms (3) in sealed envelopes by appraiser

CERTIFICATION The Rotary Club of St. Croix – Mid-Isle Charitable Foundation has the sole responsibility for selecting recipients based on criteria as set forth in the letter to Senior Class Counselors accompanying the application. This application becomes the property of the Rotary Club of St. Croix - Mid-Isle Charitable Foundation. (It is recommended that you keep a copy of the application for your files).

I acknowledge decisions of the Rotary Club of St. Croix – Mid-Isle Charitable Foundation are final. I certify that I meet the basic eligibility requirements of the program as described by the Rotary Club of St. Croix – Mid-Isle Charitable Foundation and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form, including a copy of the FAFSA. Falsification of information may result in termination of any scholarship granted.

| Applicant's Signature | D | ate |
|-----------------------|---|-----|
| | | |

APPLICANT APPRAISAL FORM

Three separate appraisals using this form are required to be submitted with student application and must be completed in the format provided. If incomplete, the application will not be evaluated. This APPRAISAL is to be completed by a secondary school headmaster, high school or college counselor or advisor, an instructor, or a work (REQUIRED) supervisor who knows applicant well.

You have been asked to provide information in support of this application, Please give immediate and serious attention to the following statements. When complete, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

| Applicant's Name: | | | | | _ |
|--|-------------------------|---|-------------------|-----------|----------|
| The applicant's choic | e of a post-sec | ondary educational prog | ram is: | | |
| [] extremely appropriate | [] very appropriate | [] moderately appropriate | [] inappropriate | | |
| The applicant's achie | | his/her ability [] moderately wel | I [] not well | | |
| The applicant's ability | | and attainable goals is | | | |
| [] excellent | [] good | [] fair | [] poor | | |
| The quality of the app Community is | olicant's commi | ment to school and/or | | | |
| [] excellent | [] good | [] fair | [] poor | | |
| | | d use learning resource [] moderately wel | | | |
| The applicant demon [] extremely well | | and initiative [] moderately wel | l [] not well | | |
| through, and complet | tes tasks | oblem-solving skills, foll | | | |
| The applicant's respe | ect for self and o | thers is [] fair | [] poor | | |
| Comments: | | | | | |
| Appraiser's Name: | | | Title | Telephone |) |
| Signature | | | Date | | |
| Appraiser's Business | Address | | City | State | Zip Code |

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|--|-------------------------|---------------------------------------|-------------------|-------|----------|
| The applicant's choic | e of a post-sec | ondary educational pr | ogram is: | | |
| [] extremely appropriate | [] very appropriate | [] moderately appropriate | [] inappropriate | | |
| The applicant's achie | | t his/her ability [] moderately v | vell [] not well | | |
| The applicant's ability | y to set realistic | and attainable goals | is | | |
| [] excellent | [] good | [] fair | [] poor | | |
| The quality of the app Community is | plicant's commi | tment to school and/o | г | | |
| [] excellent | [] good | [] fair | [] poor | | |
| The applicant is able | to seek, find ar | nd use learning resou | rces | | |
| | | [] moderately v | | | |
| The applicant demon | | / and initiative [] moderately v | vell [] not well | | |
| The applicant demon | | oblem-solving skills, t | ollows | | |
| [] extremely well | | [] moderately w | ell [] not well | | |
| The applicant's respe | | others is [] fair | [] poor | | |
| Comments: | | | | | |
| Appraiser's Name: | | | Title | Tele | phone |
| Signature | | | Date | | |
| Appraiser's Business | Address | | City | State | Zip Code |

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|-------------------------------------|-------------------------|---------------------------------------|-------------------|---------------|--|
| The applicant's cho | oice of a post-sec | ondary educational pro | ogram is: | | |
| [] extremely appropriate | [] very appropriate | [] moderately appropriate | [] inappropriate | | |
| The applicant's act | | t his/her ability [] moderately w | ell [] not well | | |
| | | and attainable goals i | | | |
| [] excellent | [] good | [] fair | [] poor | | |
| The quality of the a | applicant's commi | tment to school and/or | r | | |
| [] excellent | [] good | [] fair | [] poor | | |
| The applicant is ab | ole to seek. find ar | nd use learning resour | ces | | |
| | | [] moderately w | | | |
| The applicant dem | | and initiative | ell [] not well | | |
| The applicant dem through, and comp | letes tasks | oblem-solving skills, fo | | | |
| The applicant's res | | others is [] fair | [] poor | | |
| Comments: | | | | | |
| Appraiser's Name | ə: | | Title | Telephone | |
| Signature | | | Date | | |
| Appraiser's Busin | essAddress | | City | StateZip Code | |