

PARK RIDGE ROTARY CHARITABLE FOUNDATION, INC.

SCHOLARSHIP APPLICATION

NAME	DATE OF BIRTH				
ADDRESS	HOME PHONE				
CELL PHONE	PERSONAL EMAIL				
HIGH SCHOOL	SCHOOL PHONE				
GUIDANCE COUNSELOR					
FATHER'S NAME	OCCUPATION				
MOTHER'S NAME	OCCUPATION				
TOTAL INCOME (FROM LINE 22 OF IRS T	CAX RETURN 1040) THIS IS REQUIRED				
STUDENT \$PARE	ENT'S COMBINED \$				
# OF SIBLINGS LIVING AT HOME					
# OF SIBLINGS ATTENDING COLLEGE N	EXT YEAR INCLUDING YOURSELF				
OTHER FAMILY DEPENDENTS LIVING A	AT HOME (GRANDPARENTS, ETC.)				
SPECIAL FAMILY CIRCUMSTANCES					

INTENDED AREA OF STUDY:						
		R OF PREFEREN	CE 1)			
2)	3)		4)			
TOTAL COSTS	PER SCHOOL YEA	AR (Tuition, Fees, 1	Room/Board)			
	PLAN ON FUNDI					
WHAT ARE YOU	UR PLANS FOR SU	UMMER				

ATTACH A ONE PAGE ESSAY DESCRIBING YOURSELF, YOUR ACHIEVMENTS AND YOUR GOALS. PLEASE TELL US WHY WE SHOULD CONSIDER YOU FOR THIS SCHOLARSHIP.

PLEASE HAVE YOUR GUIDANCE DEPARTMENT FORWARD A OFFICIAL COPY OF THE FOLLOWING:

GRADE POINT AVERAGE

PAGE 2

- S.A.T.- VERBAL AND MATH
- EXTRACURRICULAR ACTIVITIES
- AWARDS AND SPECIAL HONORS
- COMMUNITY VOLUNTEER WORK/CLUBS
- ATTENDANCE RECORDS

ATTACH THREE REFERENCE LETTERS THE THAT ARE NOT FROM A RELATIVE. THIS IS A REQUIREMENT TO QUALIFY FOR THE SCHOLARSHIP. THERE SHOULD BE ONE PERSONAL REFERENCE, ONE COMMUNITY REFERENCE AND ONE FROM THE SCHOOL.

THIS AWARD IS BASED ON NEED, ABILITY AND COMMUNITY SERVICE.

COMPLETED APPLICATIONS MUST RETURNED NO LATER THAN APRIL 15.

SEND TO LINDA HANLON, 211 CAMBRIDGE AVENUE, SADDLE BROOK, NJ 07663

EMAIL: lhanlon@kearnybank.com Phone 551-265-3266