



PARK RIDGE ROTARY CHARITY FOUNDATION, INC.

SCHOLARSHIP APPLICATION

NAME _____

DATE OF BIRTH _____

_____ CELL PHONE

PERSONAL EMAIL _____

HIGH SCHOOL _____

SCHOOL PHONE _____

GUIDANCE COUNSELOR _____

FATHER'S NAME _____

FATHER'S

OCCUPATION _____

MOTHER'S NAME _____

MOTHER'S

OCCUPATION _____

TOTAL INCOME (FROM LINE 22 OF IRS TAX RETURN 1040) THIS
INFORMATION REQUIRED.

STUDENT:

PARENTS (COMBINED)

\$ _____

\$ _____

BROTHERS/SISTERS LIVING AT HOME _____

BROTHERS/SISTERS WHO WILL BE ATTENDING
COLLEGE NEXT YEAR (INCLUDING YOURSELF) _____

_____ OTHER FAMILY DEPENDENTS LIVING AT HOME (GRANDPARENTS, ETC.)

SPECIAL FAMILY CIRCUMSTANCES _____

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INTENDED AREA OF STUDY _____

SCHOOL SELECTION IN ORDER OF PREFERENCE _____

TOTAL COSTS PER SCHOOL YEAR (TUITION, FEES, ROOM/BOARD) _____

HOW DO YOU PLAN ON FUNDING YOUR COLLEGE TUITION AND EXPENSES

WHAT ARE YOUR PLANS FOR SUMMER EMPLOYMENT _____

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

PLEASE HAVE THE APPROPRIATE GUIDANCE DEPARTMENT FORWARD AN OFFICIAL COPY OF YOUR GRADE POINT AVERAGE.

STUDENTS, PLEASE FORWARD THE FOLLOWING INFORMATION AS PART OF THE COMPLETED APPLICATION:

- S.A.T. – VERBAL AND MATH
- EXTRACURRICULAR ACTIVITIES
- AWARDS AND SPECIAL HONORS

- COMMUNITY VOLUNTEER WORK/CLUBS

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

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

COMPLETED APPLICATIONS MUST BE RECEIVED BY

LINDA HANLON, 211 CAMBRIDGE AVENUE, SADDLE BROOK, NEW JERSEY 07663

NO LATER THAN APRIL 15.

EMAIL: LINDAH211@AOL.COM



