

WALLKILL EAST ROTARY CLUB SCHOLARSHIP PROGRAM

SCHOLARSHIP APPLICATION

Applications may be completed online: https://forms.gle/is18mWLfifPDv6hU7; scanning the QR code or using this form. Completed Applications, with all attachments must be submitted by April 1, 2024. Forms mailed to: Wallkill East Rotary, PO Box 4744, Middletown, NY 10941



Please check the Scholarship you are applying for (You can check more than 1) ☐ Crystal Run Healthcare (\$3,000 one-time) 1. Must be a resident of the Town of Wallkill or Town of Crawford 2. Must be pursuing education in the healthcare field ☐ Pratt & Whitney (\$2,500 one-time) *pending 1. Must be a resident of the Town of Wallkill or Town of Crawford 2. Must be pursuing education the STEM Fields (Science, Tech, Engineering, Math) ☐ Pine Bush High School Interact (\$2,000 one-time) 1. Must be a resident of the Town of Wallkill or Town of Crawford 2. Must be a Pine Bush Interact Member ☐ Wallkill East Rotary Scholarship (\$2,000 one-time) 1. Must be a resident of the Town of Wallkill or Town of Crawford 2. Must show service to your school and community ☐ BOCES (\$2,000 one-time) 1. Must be a Town of Wallkill Resident or Town of Crawford 2. Must be a BOCES student ☐ HERES HELP STAFING & RECRUITING (\$500 one-time) 1. Must be a Town of Wallkill Resident or Town of Crawford

Must be a Pine Bush student
Active Volunteer Contribution
Participate in Sports or club activity

Awardees must meet the following criteria:

- Must be a resident of the Town of Wallkill or Town of Crawford
- · Applicants must have demonstrated leadership, initiative, and service to their school and community
- Applicants must submit a <u>Transcript through January</u> of your graduating year and have a minimum GPA • Applicants must be pursuing any of the following: Certificate from Vocational School Associates Degree Bachelor's Degree 1. Town of Wallkill Resident Yes__ No__ Town of Crawford Resident Yes__ No__ If you answered NO to any of the above, you are not eligible for the Scholarship Program 2. Background Information Name: Address: Cell Phone: _____ Home Phone: _____ Date of Birth_____ E-Mail: Parent(s) or Guardian: Name Occupation Siblings/Age: 3. Academic Information: High School Attended_____ Class Rank: _____ *Please attach copy of High School Transcript through January of your graduating year. 4. Financial Resources: To help assess applicants financial need, please complete the following sections.

Resources 1st year

Household Taxable income from 1040

College		Course of Study	
conege		<u>course of Study</u>	Accepte
. Activities and Organizat	ions:		
Describe your participate activities and/or emplo	•		•
Activity		Involvement	Time Spent
Please submit an essay	(of no less than 3)	20 words) describing v	your future goals and
. Please submit an essay aspirations.	(of no Less than 30	00 words) describing y	our future goals and