



ROTARY CLUB OF SANTA CRUZ SUNRISE 2019 YOUTH SCHOLARSHIPS



PARENT'S CONFIDENTIAL STATEMENT

Application Instructions: Only provide the information on this page if you wish to be considered for a **Needs-Based** scholarship. All requested information must be provided and will be treated as confidential. Print and complete this page, scan and email to Scholarships@SantaCruzSunriseRotary.org.

PARENT OR GUARDIAN 1

Name: _____

Home Address: _____

Employer: _____

Nature of Business: _____

Position: _____

Year(s) with: _____

Gross Income for last year: _____

Exp. Gross Income for this year: _____

PARENT OR GUARDIAN 2

Name: _____

Home Address: _____

Employer: _____

Nature of Business: _____

Position: _____

Year(s) with: _____

Gross Income for last year: _____

Exp. Gross Income for this year: _____

EDUCATIONAL EXPENSES

Estimated tuition and related expenses for upcoming year: \$ _____

Expected family contribution to educational expenses: \$ _____

Student's resources (savings, income, etc.): \$ _____

Other sources of funding (scholarships, grants, loans, etc.): \$ _____

Additional information you wish to provide:

PARENT'S AUTHORIZATION

The information provided on this form is accurate and true to the best of my/our knowledge.

SIGNATURE _____

SIGNATURE _____

DATE _____

DATE _____