



Rotaract Scholarship – Applicant Cover Page

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Preferred Contact Phone #: _____

Email Address: _____

::Important Note::

Please send all completed pages of this application and any supporting documentation (transcript copies) to the following email address: smrcscholarships@gmail.com. If there are any questions about this application, please contact club President Jeffrey Mitchell at the following phone number: (630)-297-9204.

For Club Use Only:

Date Application Received: _____

Reviewed By: _____

Applicant #: _____

Rotaract Scholarship – Application

Number of Years in Rotaract: _____

Sponsoring Club: _____

Date of Birth: _____ Gender: M / F / Prefer Not to Say

College or University: _____

Major: _____

Minor: _____

Undergrad Status: _____ First Bachelor's Degree? Y / N

Graduate Student: Y / N

Rotaract Advisor's Name: _____

Rotaract Advisor Contact #: _____

Rotaract Advisor Email: _____

Overall GPA: _____

Please attach current Transcript for Verification

1) List all school and/or community service activities you have participated in during the past two years. *Please include participation dates.*

2) List all leadership roles you have held in the past two years. *Please include dates.*

3) List the recognition and awards you have received.

4) List any Employment experiences you have had.

5) What does being a member of Rotaract Club mean to you?

Rotaract Scholarship – Faculty Recommendation

Name: _____

Position/Title: _____

Relationship to Applicant: _____

Phone: _____

Email: _____

1. In your opinion, why is the applicant a worthy candidate for this scholarship? Please comment on applicant's integrity, service and leadership.

2. Are there any other remarks you wish to make to enhance this student's candidacy?

Signature: _____

Date: _____

