

# Rotary District 6440



Scholarship grants in the amount of \$1,500 each will be awarded to support educational programs preparing students for vocational or technical careers attainable with less than a four-year degree. Grants will be limited to an Associate Degree or certification program.

To be submitted:

- One completed and legible application form suitable for photo-copy reproduction and distribution to Rotary Vocational Scholarship Committee Members
- Two letters of reference must accompany this application
- Transcript of high school and/or community college (if applicable) grades
- Vocational Scholarship Application Rating Form signed by Sponsoring Rotary Club
- Vocational Scholarship Interview Rating Form signed by Sponsoring Rotary Club

### **MAIL APPLICATION AND SUPPORTING PAPERS TO:**

Jim Bradley  
40 Prairie Park Drive #710  
Wheeling, IL 60090  
[jcbplanner@aol.com](mailto:jcbplanner@aol.com)  
Cell: 847 212 3588

Name: \_\_\_\_\_

Last First Middle Initial

Address \_\_\_\_\_

Street City State Zip Code

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Code

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Intended School or Community College Name \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Code

Financial Aid Coordinator \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Describe Intended Vocational or Technical Program \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe all completed coursework, volunteer experience, hobbies, competitions or awards in your Chosen Field. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HIGH SCHOOL RECORD**

Name and Address of School Attended \_\_\_\_\_  
\_\_\_\_\_

Number in Class \_\_\_\_\_ Rank in Class \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Responsibilities at School (Clubs, Offices, Sports, Etc.): \_\_\_\_\_  
\_\_\_\_\_

Other Activities in the Community and/or Workplace:  
\_\_\_\_\_  
\_\_\_\_\_

Counselor's Recommendation/Comments (Optional):  
\_\_\_\_\_  
\_\_\_\_\_

What Are Your Future Plans? \_\_\_\_\_  
\_\_\_\_\_

Applicant's Acknowledgment: I have completed this single copy application and have provided the required supporting documents. I understand that I must stand ready to be interviewed.

\_\_\_\_\_  
Applicant's Signature Date

Prefer: (circle) Morning Interview Afternoon Interview

**SPONSORING ROTARY CLUB ENDORSEMENT**

Date \_\_\_\_\_ (Must be signed by Club.)

The Rotary Club of \_\_\_\_\_ has evaluated and hereby submits this application of \_\_\_\_\_ to the District 6440 Vocational Scholarship Program Committee for its further consideration. This application has been carefully reviewed and the Club's Board of Directors gives this applicant its endorsement.

Club President Signature \_\_\_\_\_

E-mail \_\_\_\_\_

Printed Name \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Vocational Chair Signature \_\_\_\_\_

E-mail \_\_\_\_\_ Printed Name \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

**District 6440 Vocational Scholarship Applicant:** It is our custom to announce the Vocational Scholarship winners in club and district newsletters. If you have an objection, please note the document below. If you are in agreement, you need take no further action. Please return this document with your scholarship application.

#### Photo Opt Out Release

Complete and return this form with your Vocational Scholarship Application **ONLY if you do NOT give permission** for your photo, audio, or video to appear in possible Rotary publications and/or publicity, including the district website or social media. This opt out request is effective for one year (July 1 until June 30). It must be accompanied by a **current photo** of the individual and must be renewed each year in order to be valid. Please be advised that images and videos taken in public spaces and/or at public events do not require authorization for publication.

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**I do not authorize** Rotary District 6440 or its officers, employees or agents, to record my photographs or other images or likenesses in the form of audio, video, or any other medium, or to use, reproduce, modify, distribute, or publicly exhibit such recordings, in whole or in part, for any purpose. Further, I do not consent to the use of my name, voice, or biographical material in connection with any such recording.

I hereby confirm that I am of legal age (18) and have every right to contract in my own name as stated above. I further affirm that I have read the above "Photo Opt Out Release," and am familiar with its contents.

Date: \_\_\_\_\_ Attendee's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

I hereby confirm that I am the parent or guardian of the student named above.

I further affirm that I have read the above "Photo Opt Out Release," and am familiar with its contents.

Parent/guardian name (for students under 18): \_\_\_\_\_

Parent/guardian signature (for students under 18): \_\_\_\_\_