



THE ROTARY CLUB OF ST. CHARLES – SCHOLARSHIP APPLICATION

The Rotary Club of St. Charles is a local service club that is part of Rotary International with over 34,000 Rotary clubs in over 200 countries and geographical areas worldwide. Our St. Charles club is a mixed group of local businessmen and businesswomen, community leaders, and retirees. We embody the Rotary slogan "Service Above Self." Our club has club service projects and fundraisers throughout the year and we support both local and international causes.

Please complete this application in its entirety and include a copy of your transcript. Mail to: The Rotary Club of St. Charles, c/o Scholarship Chair, 2422 W. Main St. – Suite 4d, St. Charles, IL 60175. If more space is needed, please attach additional information sheets. Applications must be postmarked no later than March 14, 2020.

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Intended or current College/University:

Institution Name _____

City, State _____

Annual Cost of Tuition/Room/Board _____

What is your career goal and why have you chosen it? _____

High School information:

High School _____

Graduation Date _____ GPA _____ Rank in Class _____

Waiver:

If you are selected to receive a scholarship grant from The Rotary Club of St. Charles, will you grant 'The Rotary Club of St. Charles' permission to use application information and pictures for release to the media for promotional purposes?

Yes _____ No _____ Signature _____ Date _____

Community Involvement & Service:

Service to your community _____

Service to Social/Church organizations _____

Service to School organizations _____

Community & Scholastic Awards _____

Fluent Languages or any international work or study? _____

Financial Information:

College Expense Summary Estimate
For period beginning July 2020 and ending June 2021

Applicant Name: _____

University Name: _____

Tuition Cost

Books, labs, etc. _____ \$ _____

Room & Board _____ \$ _____

Transportation (if needed) _____ \$ _____

Total Expense Estimate \$ _____ Write amount on Page 1 (Annual, etc)

Parent/Guardian Assistance _____ \$ _____

Scholarships (Describe) 1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

Financial Grants _____ \$ _____

Student Loans _____ \$ _____

Student Savings _____ \$ _____

Total Funding Sources \$ _____

Estimated needs (Expense less Funding) \$ _____

Please provide supporting documents (if available)

Signature _____ Date _____