

Rotary

District 6440



Local ROTARY CLUB OF WOODSTOCK awards are between \$500.00 and \$1,500.00. If sponsored, 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

DUE DATE for ROTARY CLUB OF WOODSTOCK: FRIDAY MARCH 6, 2020 (5:00 PM Chicago Time)
DUE DATE for DISTRICT 6440: FRIDAY APRIL 3, 2020

SCAN and E-MAIL your APPLICATION and Supporting Documents to The ROTARY CLUB OF WOODSTOCK via: PGK@PeterKnapp.com and to MarleneFrisbie@gmail.com.

If Selected for District 6440, MAIL APPLICATION AND SUPPORTING PAPERS TO: Jim Bradley
 40 Prairie Park Dr., #710, Wheeling, IL 60090 jcbplanner@aol.com, Cell (847) 212-3588

Name: _____

Last	First	Middle Initial
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Address _____

Street	City	State	Zip Code
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Date of Birth ____/____/____

E-mail _____ Phone (____) _____

Parent/Guardian _____

Address _____

Street	City	State	Zip Code
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E-mail _____ Phone (____) _____

Intended School or Community College Name _____

Address _____

Street	City	State	Zip Code
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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 _____ Printed Name _____

E-mail _____ Daytime Phone (_____) _____

Vocational Chair Signature _____ Printed Name _____

E-mail _____ 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.

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): _____