

**Rotary Opens  
Opportunities**

**2022 CAREER AND TECHNICAL  
EDUCATION/VOCATIONAL SCHOLARSHIP  
PROGRAM APPLICATION**

Scholarship grants in the amount of \$1,500 each will be awarded to support students who are preparing to further themselves in a chosen vocation. Students who are entering career and technical education programs (CTE), at community colleges, technical training institutions, or vocational training programs may apply for financial scholarship awards. These awards may be applied to costs associated with tuition, books, tools, and supplies that are associated with specific CTE programs. Applicants must be sponsored by, and work with, local Rotary Clubs, who will be able to submit up to two applicants for consideration.

Application package must include the following:

- One complete online application form.
- Two letters of reference addressing the applicant's readiness to successfully pursue the proposed CTE training program (examples: from a high school teacher, counselor, principal, employer, or someone from their community)
- Transcripts from your high school or college.
- Your CTE/Vocational Scholarship Application Rating Form signed by your Sponsoring Rotary Club
- Your CTE/Vocational Scholarship Interview Rating Form signed by your Sponsoring Rotary Club

Complete applications **must** be supported by sponsoring Rotary Clubs and sent to the Rotary District 6440 CTE/Vocational Scholarship Committee by March 19th, 2022.

**SUBMIT APPLICATION AND SUPPORTING PAPERS TO:**

**ROTARY CLUB OF WOODSTOCK:** Applications are due **Wednesday March 2, 2022 (5:00 p.m., Chicago Time).**

E-MAIL APPLICATION and SUPPORTING PAPERS to: [PGK@PeterKnapp.com](mailto:PGK@PeterKnapp.com) and to [Shawna.Young@altertrading.com](mailto:Shawna.Young@altertrading.com)

**If Selected for DISTRICT 6440:** Applications must be sent to the Rotary District 6440 Vocational Scholarship Committee by **Saturday March 19, 2022, to:**

**Margaret Resnick  
372A Rolling Wood Lane  
Lake Barrington, IL 60010**

**[vocscholar@rotary6440.org](mailto:vocscholar@rotary6440.org)  
mobile 847-971-1655**



HIGH SCHOOL RECORD

Name of School Attended: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Leadership / Participation in School Clubs, Sports, Organizations, Etc.:

Participation in other activities in the community and / or Work place:

Applicant's Acknowledgement: I Agree with the scholarship terms and conditions:

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

Interview Preference: (check one)  Morning Interview  Afternoon Interview

**SPONSORING ROTARY CLUB ENDORSEMENT**

Date: \_\_\_\_\_ (Must be signed by Club representative)

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

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

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

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

Vocational Director Signature: \_\_\_\_\_

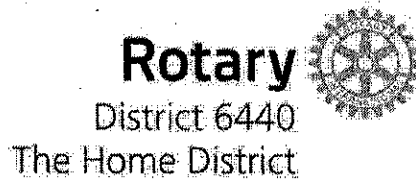
Name: \_\_\_\_\_

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

**Note:**

**Rotary District 6440 CTE / Vocational Scholarship Applicant:**

It is the custom of Rotary District 6440 to celebrate the CTE / Vocational Scholarship award winners by announcing their accomplishments in club and District newsletters. If you (the applicant) have an objection, please note that in the in the document below. If you agree, please sign the attached form in the designated area. If you are not in agreement, note this in the appropriate area of the same form. Applicants are required to include this executed form with their submitted information.



**Photograph and Publicity Release Form**

**I give Rotary International District 6440, and its Rotary Clubs, Permission** to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audio tapes, digital images, and the like, taken or made on behalf of Rotary District 6440 activities. I agree that Rotary District 6440 and its clubs have complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with Rotary International Public Image guidelines. These uses include, but are not limited to illustrations, bulletins, exhibitions, video tapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that we will not receive any compensation, etc., for the use of such pictures, etc., and hereby release Rotary District 6440 and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understand this consent and release.

**I give my consent** to Rotary District 6440 and its Rotary Clubs to use my name and likeness to promote Rotary International, Rotary District 6440 and its clubs, and/or their activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/legal guardian (for students under age 18)

\_\_\_\_\_  
Date

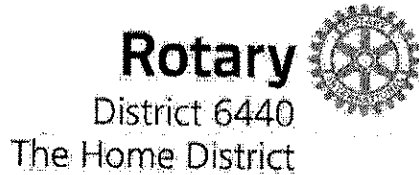
**I do not give my consent** to Rotary District 6440 and its Rotary Clubs to use my name and likeness to Rotary International, Rotary District 6440 and its clubs, and/or their activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/legal guardian (for students under age 18)

\_\_\_\_\_  
Date



**Photograph and Publicity Opt Out Form**

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 Rotary publications and/or publicity, including the District 6440 website or social media. 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, or give them permission 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 **Opt Out** information above and am familiar with its contents.

Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**For Students under age 18**

Parent/legal guardian name: \_\_\_\_\_

Parent/legal guardian signature: \_\_\_\_\_