

Marilyn LaRosa Memorial Scholarship

Awarded by

**PARKWAY ROTARY CLUB of
WEST ROXBURY/ROSLINDALE**



APPLICATION

for

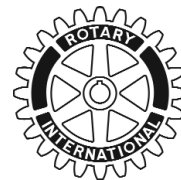
WEST ROXBURY/ROSLINDALE RESIDENTS presently enrolled in a high school program at any public or private school. Scholarships are awarded based on need, leadership qualities, community and citizenship activities as well as scholastic performance.

DEADLINE FOR APPLYING: JUNE 30, 2018

Parkway Rotary Club of West Roxbury/Roslindale

P. O. Box 320274

West Roxbury, Mass. 02132



Scholarship Application

Name: _____ Tel. _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Siblings and their ages: _____

High School Now Attending: _____ Date of Graduation: _____

Extra Curricular Activities: _____

Work Experience: _____

Scholastic honors, other Honors or Prizes: _____

College or Advanced Trade School You will attend:

Expected Field of Study: _____

Are you the recipient of any other scholarship for the coming year?

Yes _____ No _____

If Yes, please indicate specifics: _____

Please give the name and address of the Principal
or Guidance Counselor of your High School

Briefly, please indicate your reasons for applying for this scholarship and why you feel you are deserving of an award:

* You may answer any questions on a separate sheet of paper.

THANK YOU FOR APPLYING TO THE PARKWAY ROTARY CLUB OF WEST ROXBURY/ROSLINDALE FOR SCHOLARSHIP ASSISTANCE.

I hereby attest that the information on this application is complete and true to the best of my knowledge. I also understand that the decision of the scholarship committee is final.

Please Sign _____

Please return this completed application, together with a copy of your latest senior year school transcript, by June 30, 2018 to:

Scholarship Committee
Parkway Rotary Club of West Roxbury/Roslindale
Post Office Box 320274
West Roxbury, Massachusetts 02132