

LOWELL SMITH CAREER AND TECHNICAL EDUCATION ROTARY SCHOLARSHIP

SELECTION CRITERIA:

- 1. Must be an individual with a high school diploma of GED that is currently living in the territory of the Cleburne Rotary Club
- 2. Applicants should be individuals pursuing post high school training or certification programs **NOT** requiring a baccalaureate degree. This training and program include, but are not limited to health care, law enforcement, computer science, business and fire training.
- 3. The recipient must use the scholarship to attend an educational institution in Texas that normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of students in attendance at the place where its educational activities are regularly carried on. This scholarship can fund a certification program such as law enforcement or fire training, education at a technical school, or a junior college.
- 4. Financial need is determined by consideration of annual family income
- 5. Consideration shall be given to good citizenship, character, reputation, moral and ethical standing drawn from a personal interview.
- 6. No scholarship will be awarded unless there is evidence that reasonable efforts were made to secure financial aide from additional sources.

SCHOLARSHIP FORFEITURE: The applicant will forfeit all rights to this scholarship if any of the following occurs:

- 1. Applicant must enroll and attend the educational institution within 12 months of the award of the grant.
- 2. If applicant leaves the educational institution for one semester.
- 3. Applicant must report grades <u>each semester</u> and proof of enrollment for the next semester to the Rotary Treasurer

APPLICATION PROCEDURES:

- 1. Complete the scholarship application fully and neatly
- 2. Enter your name on all evaluation forms
- 3. Distribute evaluation forms to **three** (3) people not related to you who know you well
- 4. Ask your evaluator to return the forms directly to the Rotary contact listed below before the deadline
- 5. Prepare the "Financial Fact Sheet" and turn it in with your completed application the Rotary contact before the deadline
- **6.** Everyone <u>must</u> submit a completed copy of the family's <u>Income Tax</u> return used in preparing the "fact sheet"

SELECTION COMMMITTEE:

The Rotary Foundation Lowell Smith Rotary Career and Technology Scholarship committee is composed of members of the Rotary Club Members

.SCHOLARSHIP AWARD:

The scholarship award is \$3000 paid over a two -year period to the institution providing the certification /training program in the name of the recipient. The recipient must provide grades at the end of each semester to the Rotary Foundation Board for review

Addendum to scholarship awards from Cleburne Rotary Club Foundation:

- (1) In the event a scholarship recipient becomes ineligible or the scholarship is withdrawn for any reason, one of the candidates from the year the disqualified candidate was chosen, will be selected to receive the unused portion of the scholarship.
- (2) If an alternate was named, the alternate (after receiving their performance since graduation) will have a preference. If no alternate was named, the candidates interviewed in the year the disqualified recipient was selected will be reviewed again, and a selection will be made to receive the unused portion of the scholarships
- (3) At least one (1) alternate will be named for each scholarship (Marti Academic Scholarship and the Lowell Smith Career and Technology Scholarship).

SCHOLARASHIP APPLICATION LOWELL SMITH CAREER AND TECHNOLOGY SCHOLARSHIP

NAME:		AGE:	DATE:	
PERMANEN	NT ADDRESS:			
		ALTERNATE PHONE:		
E-MAIL:		ALTERNATE E-MAIL:		
[] High Scho	ool Graduate	[] GED recipient	[] Current High School Senion	
APPLICANT	Γ'S EMPLOYER:			
FATHER'S NAME		ADDRESS:		
PHONE:		FATHER'S EMPLOYE	R:	
MOTHER'S NAME:		ADDRESS:		
MOTHER'S	PHONE:	MOTHER'S EMPLO	OYER:	
SPOUSE'S N	NAME:	ADDESS:_		
SPOUSE'S PHONE:		SPOUSE'S EMPLOYER:		
	BROTHEI	RS AND SISTERS DEPENDENT	Γ ON PARENTS	
AGE	NAME	NAME OF SCH	OOL/COLLEGE	
		DEPENDENT ON APPLICAN	E EOD CUDDODT	
A CIT				
AGE	NAME	NAME OF SCH	OOL/COLLEGE	

CERTIFICATION/TRAINING OR MAJOR FIELD OF STUDY YO	OU PLAN TO PERSUE:
FINANCIAL AID: Please check all that apply:	
[] met with high school counselor regarding financial guidance [] met with college/ technical school regarding attaining financial aid [] completed FSFA (Federal Student Financial Aid Application) [] Applied for other scholarships and grants Please list:	
Please mark all that apply:	
[] I have been notified of my FSFA status: Type of Award:	Amount :
[] I have received additional financial aide Type of Award: Type of Award: Type of Award: Type of Award:	Amount:Amount:
WILL YOU WORK WHILE GOING TO SCHOOL? [] Yes	[] No
PAST WORK EXPERIENCE:	
DESCRIBE ANY UNUSUAL FINANCIAL CIRCUMSTANCES OR IFORMATION YOU WOULD LIKE THE COMMITTEE TO KNO	

LIST HIGH SCHOOL HONORS, AWARDS OR COMMUNITY INVOLVEMENT ACTIVITIES

FINANCIAL FACTS

Applicant must attach proof that they have applied for Financial Aide through Federal Programs

Student's name:						
Student's Address:						
Student's Social Security 1	Number:			Birthdate:		
Student's Marital Status:	[] single	[] marrie	d [] separ	ated	[] divorced	
Have you enclosed your m	ost recent inco	ome tax return	1?			
If you are dependent on yo	-		-			
If you are independent fro	m the support of	of your parent	/parents complete	Section	В.	
Section A:						
Total number of exemption	ons:	_				
Adjusted Gross income: \$						
Income tax paid \$						
Income earned from work	by father \$					
Income earned from work	by mother \$_		_			
Parent's marital status: []	unmarried [] married	[] separated	[] di	vorced	[] widowed
Parent's number of family	members					
Parent's number in college						
Parent's child support rece	ived: <u>\$</u>					
Parent's other untaxed inc						
What is the age of the olde	er parent?					
Parent's cash, savings, and	l checking <u>\$</u>					
Parent's real estate and inv	estment value	(other than he	ome) <u>\$</u>			
Parent's real estate and inv						
Parent's business value: \$		Pare	nt's business debt	:_\$,
Section B:						
Total number of exemptio	ns:					
Adjusted Gross income: \$\square\$						
Income tax paid \$						
Income earned from work	by spouse <u>\$</u>					
Income earned from work	by applicant §	5				
Number of dependent chi	ldren	_				
Child support received:						
Student's other untaxed in	come and bene	efits: <u>\$</u>				
What is the age of the olde						
Student's cash, savings, ar						
Student's real estate and in		*	· · · · · · · · · · · · · · · · · · ·			
Student's real estate and in	`	,				
Student's business value: 5	\$	Stu	dent's business de	ebt: \$		

DEADLINE: May 6, 2022

CONFIDENTIAL EVALUATION FORM

Name of Student:_				_
Relationship with t		[] Administrator	[] Employer	[] Family Friend
Name of Reference	e:			
Title /Occupation _				
School/ Organizati	on			
Business Address:				
How long have you	a known the applican	t?	_	
		each trait listed below b with whom you have had		6 on the line to indicate
2 3	Ranks with the very Superior (top 10%) Outstanding (top 25% Above Average (top	,		age w average portunity to observe
	Initiative and r Leadership Integrity, hone Involvement in Potential contr Interpersonal r	sty, dependability a school and commun ibution to society elations n skills- written and	·	

RETURN TO: Sharron Miles

Smilesrotary5790@gmail.com

FAX 866-374-8988

Mail: 1113 Regina Drive

Hewitt, TX 76643