

**ROCKAWAY ROTARY JOHN H. BEEMAN "SERVICE ABOVE SELF"  
SCHOLARSHIP  
Rotary Club of the Rockaways**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**HIGH SCHOOL**     MORRIS KNOLLS                       MORRIS HILLS  
                          MORRIS COUNTY VO-TECH     OTHER \_\_\_\_\_

**COLLEGE PREFERENCE (1)** \_\_\_\_\_

(2) \_\_\_\_\_

**PROPOSED MAJOR OR COURSE OF STUDY** \_\_\_\_\_

**PERSONAL INFORMATION-APPLICANT**

1) List all high schools attended and dates of attendance.

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2) List all academic honors and awards received.

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3) List all extracurricular activities (school related only).

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4) List all volunteer work with total hours over the past four (4) years.

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5) List all community and religious related activities.

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6) List any job that you have held over the past four (4) years.

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7) Please describe any special talent, abilities or interest you might have.

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8) Please indicate briefly in your own words why you feel that you should receive The John H. Beeman Service Above Self Scholarship

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**REFERENCES**

Please attach two (2) letters of reference and list the name, address and official title of each below:

(1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S CERTIFICATION**

I hereby acknowledge that the information submitted herewith is true and correct. I understand that falsification, willful omission or misrepresentation of the information in this application will be grounds for the denial of this scholarship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PERSONAL INFORMATION-PARENTS**

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Annual Gross Income \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Annual Gross Income \_\_\_\_\_

Please list all other dependent children, age(s), and current school status.

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Please list any extenuating circumstances, which may affect your eligibility for this scholarship.

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Please indicate your anticipated gross combined income for this past year. If significantly different from the 2 prior years, please explain.

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Please attach copies of parent's most recent W-2 form (application will not be considered without them)

## **CERTIFICATION**

I/We hereby acknowledge that the information submitted herewith is true and correct. I/We understand that falsification, willful omission or misrepresentation of the information in this application will be grounds for the denial of this scholarship.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## **TRANSCRIPTS AND SATS**

OFFICIAL TRANSCRIPTS from all high schools attended and SAT score results must be submitted by April 12, 2024. The transcripts MUST include the grades from the first half of the senior year.

Applications will not be considered without this information.

## **TAX RETURNS**

Most recent tax returns MUST be submitted by April 12, 2024.

## **INTERVIEWS**

Finalists will be interviewed by the Scholarship Committee of the Rockaway Rotary Club, around the week of April 22, 2023 at a time and location determined by the Scholarship Committee.

**IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THAT ALL DOCUMENTS, TRANSCRIPTS, SAT SCORES, TAX RETURNS, ETC. ARE RECEIVED BY THE DEADLINE DATE.**

SUBMIT ALL APPLICATIONS AND DOCUMENTS TO:

Susan Spada

25 Sanders Road

Rockaway, New Jersey 07866