

Rotary Club Scholarship Application - Bristol

Eligibility Requirements:

Applicants must be a high school senior and a resident of Bristol. The applicant must have been accepted to an Institution accredited by a nationally recognized regional or professional association, State Department of Education or State University and listed in the Government Printing Office Education Directory, shown good academic performance and shown evidence of service beyond self in the school or community. Financial need may be a factor in cases of ties.

Number and Value of Awards:

The number and amount of the awards are dependent on the funds available.

Application Procedure:

Application may be obtained from the main office at Mt. Hope High School, the high school you attend, or from any member of Rotary.

Application Deadline:

All completed applications must be returned by April 15 of a given year.

Please submit scholarship applications to:

Bristol Rotary Scholarship Committee
P.O. Box 469
Bristol, RI 02809

ROTARY CLUB SCHOLARSHIP REQUIREMENTS – BRISTOL

Essay Requirement: 200 words or less

- In 200 words or less. tell us what this means to you.
- Give examples of how you may have fulfilled your definition of the Rotary Motto, "Service above Self."

Applicant Identification No. _____

STUDENT INFORMATION

Applicant _____
(last name) (first name) (middle initial)

Home Address _____ Bristol, RI 02809
(street name & number)

Date of Birth _____ / _____ / _____ Phone No. _____
Month Day Year

Name of high school from which you will graduate: _____

School or college at which the scholarship, if awarded, will be used: _____

Name	Location
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Have you been formally accepted? _____

What course of study will you pursue? _____

Check one: Will you commute? _____ Or reside on campus? _____

Please complete the following information:

- Tuition cost _____
- General fees _____
- Books & supplies _____
- Room & Board _____
- Total Expenses _____

Have you received notification of financial aid from any federal, state or institutional agencies? If so, please specify the agency and the amount:

a. _____

b. _____

PARENTS STATEMENT

1. Name of father or guardian: _____

Identification No. _____

PARENTS CONFIDENTIAL STATEMENT

A. PARENTS ANNUAL INCOME
TAXABLE INCOME

- 1. Wages - father or stepfather (W-2) _____
 - 2. Wages - mother or stepmother (W-2) _____
 - 3. Interest income _____
 - 4. Dividends _____
- TOTAL _____

NON-TAXABLE INCOME

- 1. Social Security Benefits _____
- 2. Other non-taxable income
(child support, welfare, veterans benefits, etc.) _____
- 3. Total non-taxable income _____

B. PARENTS ANNUAL EXPENSES

- 1. U.S. income tax paid _____
 - 2. IRS itemized deductions _____
 - 3. Real Estate and other taxes _____
 - 4. Medical and dental expenses
not covered by insurance _____
 - 5. Other unusual expenses (please explain) _____
- TOTAL EXPENSES _____

C. PARENTS ASSETS AND INDEBTEDNESS

	Present Market Value	Unpaid Mortgage Principal or Debts
1. Home, if owned or being purchased Year purchased 19____ Purchase Price \$ _____	_____	_____
2. Other Real Estate	_____	_____
3. Investments (stocks, bonds and other securities)	_____	_____
4. Cash savings and checking accounts	_____	_____
5. Consumer Indebtedness	_____	_____

C. PARENTS ASSETS AND INDEBTEDNESS (cont.)

Age _____ Occupation _____ Employed by: _____

Father deceased: _____ Father unable to work: _____

2. Name of mother or guardian: _____

Mother deceased: _____ Mother unable to work: _____

3. For what child is this statement being made?

Name of child: _____ Age _____

4. Please list below all other dependants:

NAME	AGE	SCHOOL	TUITION
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____

5. Applicant normally lives with (check all that apply)

Father _____ Stepfather _____

Mother _____ Stepmother _____

6. Applicant's parents separated or divorced: (circle one) YES NO

If yes, complete the following:

a. Which parent claims student as tax dependent? _____

b. What amount of child support do you receive monthly? _____

6. Please state and explain any unusual expenses in the recent past or anticipated in the near future which will affect your ability to contribute to the support of continuing your child's education.

The undersigned certify that the information submitted with this application has been carefully read and is true and correct. Any falsification of the above may result in the rejection or withdrawal of any financial award.

Signed _____ Relation to student _____