

Rotary Club of Chariho Brad Friel Memorial Scholarship Application

The Rotary Club of Chariho PO Box 543, Hope Valley, RI 02832 Phone: 401-932-3421

ALL ELECTRONIC AND HARD COPY MATERIALS MUST BE RECEIVED BY APRIL 30th.

Submit one hard copy of your signed application with attachments, including your official transcript, to your guidance counselor.

STUDENTS PERSONAL INFORMATION:

Last Name:		First Name:
Street Address:		
City:		
State:		Zip Code:
Email Address:		Phone Number:
Date Of Birth:	Course of Study:	
Mothers Name:		
Address (If Different):		
Telephone (If Different):	Mothers E-mail:	
Fathers Name:		
Address (If Different):		
Telephone (If Different):	Fathers E-mail:	



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Other children living at home or at	college:			
Name:	Age:	Schoo	I:	
Name:	Age:	Schoo	I:	
Name:	Age:	Schoo	l:	_
COLLEGES AND UNIVERSITIES: List the schools to which you have	applied or been ac	ccepted into	o. Indicate First Choice	
Name Of School:				
Location:	Cł	noice:	Major:	
Name Of School:				
Location:	Cł	noice:	Major:	
Name Of School:				
Location:	Ch	noice:	Major:	

ATTACHMENT ONE

STUDENT PROFILE ESSAY:

The Rotary Club of Chariho places a great emphasis on Community Services. Please provide an attachment that conveys to the Scholarship Committee your background, a list of community and school activities, special achievements and awards, work experience, and any special circumstances you feel are important for the committee's consideration. Please include a brief overview of why you have chosen the field of study you are pursuing. This attachment should be typed and no more than 2 pages in length.



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ATTACHMENT TWO

COMMUNITY SERVICE ACTIVITIES:

List your specific Community Service Activities, the name of a key adult reference person who was involved in this activity, and a brief description of your role and responsibilities. Written references are strongly suggested for this section.

The attachment should include:

- 1. Community Service Activity
- 2. Year Activity Was Performed and The # Of Hours
- 3. Brief Description of Your Role
- 4. An Adult Reference (Written Recommendation)

My Family and I certify that the information provided on this application is true and complete to the best of our knowledge. We understand that this information is confidential and will be used by the Scholarship Committee for the purpose of awarding scholarships. Typing your name will constitute an electronic signature.

Students Signature:	Date:
By checking this box and typing my name below, I am e	electronically signing this application.
Parent or Guardian Signature:	Date: