

**2024 ROTARY CLUB OF PLEASANTON SCHOLARSHIP APPLICATION FOR COLLEGE SOPHMORES, JUNIORS AND SENIORS**

Scholarship candidates should complete all sections of the application and return it to the sponsoring Rotary Club along with transcripts from the last year of college you attended. Candidates must be residents of Pleasanton. ***Financial need is the main criteria for selection for all scholarships.*** Please type on this form and send an electronic copy to The Rotary Club of Pleasanton, [Scholarships@PleasantonRotary.com](mailto:Scholarships@PleasantonRotary.com) and cc a copy to [UR\_Kids\_Dentist@ATT.net](mailto:UR_Kids_Dentist@ATT.net)

**PERSONAL INFORMATION:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth:\_\_\_\_\_\_\_\_\_\_

Gender:\_\_\_Male \_\_\_Female

Have you received a Rotary Scholarship previously? \_\_\_\_\_Yes \_\_\_\_\_No

**CONTACT INFORMATION:**

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_Zipcode:\_\_\_\_\_\_\_\_\_\_ Primary phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Secondary phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL NEED:**

Statement of financial need:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIOR EDUCATION:**

Please summarize your college or university or program experience.

Most recent college attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree:\_\_\_\_\_\_\_\_\_

Location of school :\_\_\_\_\_\_\_\_\_\_\_\_\_Field of Study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA:\_\_\_\_\_\_\_

**SUMMARY AND OBJECTIVES:**

In 2-3 short sentences, tell us your objectives for this scholarship (program of study/degree sought, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In 200 words or less, please summarize your qualifications to receive this scholarship. (volunteer/work/academic experience, philosophy and perspective, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOLARSHIP INFORMATION:**

Provide the following information about the academic program you plan to attend:

Name of institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_

Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Academic Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic program start date: \_\_\_\_/\_\_\_\_/2024 Academic program end date: \_\_\_\_/\_\_\_\_/2025 School level in fall (soph, jr, sr)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU MUST BE ACCEPTED INTO THIS PROGRAM BEFORE WE WILL FUND YOUR GRANT. PLEASE SUPPLY A COPY OF THE ACCEPTANCE LETTER WITH YOUR APPLICATION ANDA RECENT TRANSCRIPT.**

List the classes you plan to take and provide relevant links to information about the program. Explain how the program and courses align with your future career plans.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your long-term professional and/or academic plans immediately after the scholarship period (500 words or less)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**BUDGET:**

Detail your proposed expenses. Note that the total budget must be equal to the total financing of your scholarship grant amount. Attach any documents, such as price sheets or estimates, to support the expenses listed.

| **#** | **Description** | **Category** | **Local cost** | **Cost in USD** | |
| --- | --- | --- | --- | --- | --- |
| **1:** | **Tuition & fees** | **Tuition** |  |  | |
| **2:** | **Books** | **Supplies** |  |  | |
| **3:** | **Minus Scholarships and Grants Received** | **subtract** |  | | |
| **4:** | **(please list with $ amount)** |  |  |  | |
|  | **Total Budget:** |  |  |  | |

After completing this application, submit to The Rotary Club of Pleasanton, [Scholarships@PleasantonRotary.com](mailto:Scholarships@PleasantonRotary.com) and cc a copy to [UR\_Kid\_Dentist@ATT.net](mailto:UR_Kid_Dentist@ATT.net)

or review. **DUE: JUNE 8, 2024**

Sponsoring Rotary Club: The Rotary Club of Pleasanton