

THE ROTARY CLUB OF FALMOUTH

P. O. Box 293
 Falmouth, MA 02541

2024 SCHOLARSHIP APPLICATION FOR ENTERING COLLEGE JUNIORS

To qualify, you must be from Falmouth and entering your junior year enrolled in a program leading to a bachelor's degree at an accredited college or university.

Please complete all questions on this application in your own handwriting. Any questions you have may be directed to the Scholarship Chairman at w.f.phillips@att.net College transcripts may be sent to the same Email address. It is suggested that you give the recommendation forms and SASE to the people you chose to write on your behalf in ample time for them to meet the application deadline.

FULL NAME _____ TELEPHONE # _____

MAILING ADDRESS _____ Email Address _____

BIRTHDATE ___/___/___ HIGH SCHOOL _____ YR. GRAD. _____

EDUCATION SINCE HIGH SCHOOL

Name of School	City/State	Dates Attended	Major	Degree/Date Received
_____	_____	_____	_____	_____

WHERE WILL YOU BE CONTINUING YOUR EDUCATION NEXT YEAR?

Name of College or University _____

Major _____ Degree Anticipated _____ Year _____

Annual Tuition _____ Room & Board _____ Total Annual Cost _____

Describe ALL financial aid in detail (Scholarships/Grants/Loans, etc.)

Breakdown of College Expenses

	Parents	You	Grants	Loans	Other	Total
Year 1	_____+	_____+	_____+	_____+	_____+	=_____
Year 2	_____+	_____+	_____+	_____+	_____+	=_____
Year 3*	_____+	_____+	_____+	_____+	_____+	=_____
Year 4*	_____+	_____+	_____+	_____+	_____+	=_____

*Estimates

School and Community Activities

Employment during and since High School

Family Information

Father's Name _____ Mother's Name _____

Employment _____ Employment _____

Position _____ Position _____

Other dependents:

Name	Age	School	Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ENCLOSE WITH YOUR APPLICATION AND RETURN BY: May 15th, 2024

1. **HIGH SCHOOL TRANSCRIPT** ____
2. **2. ALL OFFICAL COLLEGE TRANSCRIPTS** ____
3. **TWO (2) LETTERS OF RECOMMENDATION (SENT SEPERATLY)** __/__
4. **A PERSONAL LETTER ABOUT YOU AND YOUR FINANCIAL NEED FOR THIS SCHOLARSHIP** ____ (*Witten in your own handwriting*)
5. **COPY OF COLLEGE ACCEPTANCE LETTER (IF YOU ARE TRANSFERRING FOR YOUR JUNIOR YEAR** ____

To the best of my knowledge all the above information is true and correct.

Signature of Applicant _____ **Date** _____

Note: Winner will be announced on or about July 1st, 2024 on the club website and in the local press.



**THE ROTARY CLUB of FALMOUTH
JUNIOR YEAR SCHOLARSHIP AWARD RECOMMENDATION**

This recommendation is for _____

Briefly state why you feel this candidate qualifies for the scholarship. (You may attach an extra sheet or use your own form.)

How long have you known the applicant? _____ yrs.

In what capacity? _____

Name _____ Position _____

Signature _____ Date _____

Address _____

Telephone # _____

**Please return by May 15th, 2024 to: Scholarship Chairman
ROTARY CLUB OF FALMOUTH
P. O. Box 293
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