

FRANK C. LOCKE

OBERLIN ROTARY MEMORIAL SCHOLARSHIP

APPLICATION

PLEASE PRINT OR TYPE

**APPLICANT DATA**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name (last) (first) middle initial

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

Permanent Address (street) (city) (state) (zip)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_440-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (month, day, year) Telephone number

Total number of children under 18 residing at home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of siblings now attending college\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of company parent/guardian works for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Permanent mailing address of parent/guardian listed above, if different from applicant

**SCHOOL DATA**

High School Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date Mo\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_

Name of post-secondary school for which applicant’s scholarship is requested\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address (street) (city) (state) (zip)

\_\_\_\_4 yr. college/university \_\_\_\_community college \_\_\_\_vo-tech \_\_\_\_other \_\_\_\_accredited?

Enrolled: \_\_\_\_less than half-time \_\_\_\_half-time or more \_\_\_\_full-time

Major field of study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated date of graduation from post-secondary program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL DATA**

Describe your work experience during the past 4 years. Indicate dates of employment in each job and approximate number of hours worked in each. List total amount earned at each job. Attach additional sheets if necessary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position | Date From | Date To | Hours per Week | Amount Earned |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

List all school activities in which you have participated during the last 4 years (e.g. Interact, student government, music, sports).

|  |  |  |
| --- | --- | --- |
| Activity | Years Participated | Special Awards/Honors |
|  |  |  |
|  |  |  |
|  |  |  |

List all community activities in which you have participated without pay during the last 4 years (e.g. Interact, Red Cross, church work).

|  |  |  |
| --- | --- | --- |
| Activity | Years Participated | Special Awards/Honors |
|  |  |  |
|  |  |  |
|  |  |  |

**APPLICANT’S PERSONAL STATEMENT**

Attach a typed statement of your educational plans as they relate to your career objectives and goals

(not more than 150 words).

**APPLICANT FINANCIAL STATEMENT**

Please attach a copy of your Student Financial Aid Report generated by filing a FAFSA.

**OTHER AWARDS**

Please list the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of Award Amount

**APPLICANT APPRAISAL**

1. Attach a one-page recommendation from a **non-relative or non-school** friend.

2. **To be completed by school counselor or teacher:**

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements:

Considering the applicant’s abilities, his/her choice of a post-secondary education program is:

\_\_\_extremely appropriate \_\_\_very appropriate \_\_\_moderately appropriate \_\_\_inappropriate

The applicant’s grades reflect his/her ability:

\_\_\_extremely well \_\_\_very well \_\_\_moderately well \_\_\_not well

The applicant’s ability to set realistic and attainable goals is:

\_\_\_excellent \_\_\_good \_\_\_fair \_\_\_poor

The quality of the applicant’s commitment to school and community is:

\_\_\_excellent \_\_\_good \_\_\_fair \_\_\_poor

I know the applicant:

\_\_\_extremely well \_\_\_very well \_\_\_moderately well \_\_\_not well

Comments/recommendation:

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

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Appraiser’s signature Title Date

**TRANSCRIPT INFORMATION**

**To be completed by school official**

Currently enrolled students must include their most recent transcript of grades. Please include the following information if it is not already recorded on transcript:

\_\_\_\_SAT/ACT Verbal \_\_\_\_SAT/ACT Math \_\_\_\_SAT/ACT Composite

\_\_\_\_ Cumulative Grade Point Average \_\_\_\_Class Rank

I certify this data is from a current and official transcript:

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

School Official’s Signature Title Date

**APPLICATION CHECKLIST**

**This application for student aid must include every item listed to be considered (note additional postage may be required for mailing).**

1. \_\_\_Applicant Data

2. \_\_\_School Data

3. \_\_\_Student Financial Aid Report

4. \_\_\_Personal Data

5. \_\_\_Personal Statement of Educational Plans and Goals

6. \_\_\_Applicant Appraisal by School Official

7. \_\_\_Comments/recommendation from school counselor or teacher

8. \_\_\_Comments/recommendation from non-relative who is not related to school

9, \_\_\_Transcript including ACT/SAT, GPA and Class Rank (School Official)

10. \_\_\_This checklist

11. \_\_\_Signed application

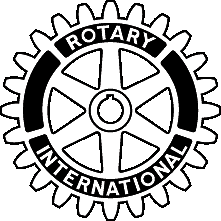
In submitting this application, we certify that the information provided is complete and accurate to the best of our knowledge. Falsification of information may result in termination of any scholarship granted.

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

Applicant’s signature Parent/guardian’s Signature

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED



**THE FRANK C LOCKE OBERLIN ROTARY MEMORIAL SCHOLARSHIP**

The purpose of The Frank C. Locke Rotary Memorial Scholarship is to award scholarships to deserving students from the Oberlin area (served by the Oberlin Rotary Club). The scholarship will be given to graduating seniors or graduates who seriously desire to continue their formal education.

By completing this application, you will enable us to determine your eligibility based on financial need andone or more of the following criteria:

1. Sufficient academic or vocational ability (shown by performance on tests designed to measure ability and**/**or aptitude) to enable you to complete courses of study necessary to graduate from the educational institution you select and which will admit you as a student;

2. Such character and motivation to obtain an education that you will work hard to continue and complete your education.

Scholarships are provided specifically to help offset the rising costs of higher education and will be granted based on the information we receive from the required forms and recommendations.

Complete your section of this application and forward it to the persons you have selected to complete the appraisal (page 3). You are required to select a school counselor, administrator or teacher. Other recommendations may also be submitted.

You are responsible for seeing thatthis application and all supporting documents requested are available. Applications must be mailed to:

Frank C. Locke Oberlin Rotary Memorial Scholarship

P.O. Box 123

Oberlin, OH 44074

and must be received no later than MAY 1st of the current year.