



**ROTARY CLUB OF STOUGHTON, WISCONSIN
2018 SCHOLARSHIP APPLICATION**



(Please note that ALL sections must be completed by ALL applicants)

PLEASE PRINT - LEGIBLY COMPLETE INFORMATION

Application Type:

- Graduating High School
- OR** Already Attending College Graduate School Technical College Other _____

Are you related to a member of Stoughton Rotary? No Yes

If yes: Name of Rotary Member: _____

Your Relationship to Member: _____

PERSONAL INFORMATION – (Must be completed by ALL applicants)

Full Legal Name of Applicant: _____ Nickname: _____

Street Address: _____ Apt: _____ City: _____ Zip: _____

Cell Phone: (____) _____ Email: _____

Father/Legal Guardian Full Name: _____

Occupation: _____ Place of Employment: _____

Mother/Legal Guardian Full Name: _____

Occupation: _____ Place of Employment: _____

How many siblings do you have? _____

Name of High School Graduating/Graduated From: _____

Graduation Date: _____ GPA: _____ out of 4.0 Total Class Size: _____ Your Class Rank: _____

Activities, Honors, & Awards: _____

Scholarships, Financial Awards, Grants, etc., received or applied for (include amounts):

- \$ _____ Received Applied/Waiting
- \$ _____ Received Applied/Waiting
- \$ _____ Received Applied/Waiting
- \$ _____ Received Applied/Waiting
- \$ _____ Received Applied/Waiting

Community Service / Volunteer Activities: _____

COLLEGE/TECHNICAL/GRAD SCHOOL (ALL applicants MUST complete this section)

Name of School/College: _____ Accepted Attending Already

Major: _____

Will you be attending college or technical school on a full-time basis: YES NO

If NO, how many classes & credits will you be taking per semester? # of Classes: _____ # of Credits: _____

Anticipated Degree Completion Date: _____ Current GPA: _____

Degree Desired: Associates Bachelors Masters PhD Other _____

How do you intend to fund your education: _____

Please describe any special financial needs or circumstances surrounding your situation that are pertinent to completing your education: _____

My signature below certified that the information listed on this application is accurate as of date signed. With my signature, I authorize Stoughton Rotary Club to use my name for any scholarship advertising or promotional materials.

Signature: _____ Date: _____

Applications must be postmarked AFTER June 15, 2018 and BEFORE July 15, 2018. **Late applications will NOT be considered. All applicants will be notified regarding results in writing at their address of record in the fall of this year. Candidates are encouraged to apply each year.**

PLEASE SUBMIT COMPLETED APPLICATION TO:

**STOUGHTON ROTARY SCHOLARSHIP COMMITTEE
PO BOX 63
STOUGHTON, WI 53589**

THANK YOU IN ADVANCE FOR YOUR APPLICATION - BEST OF LUCK IN YOUR UPCOMING SCHOOL YEAR!!!

DO NOT WRITE/MARK BELOW THIS LINE

FOR ROTARY SCHOLARSHIP COMMITTEE MEMBERS ONLY

Evaluator #1 Date Reviewed: _____ Approved Denied

Evaluator #2 Date Reviewed: _____ Approved Denied

Evaluator #3 Date Reviewed: _____ Approved Denied

Evaluator #4 Date Reviewed: _____ Approved Denied

Evaluator #5 Date Reviewed: _____ Approved Denied