

**ROTARY CLUB OF STOUGHTON, WISCONSIN  
2019 SCHOLARSHIP APPLICATION**

PLEASE PRINT/TYPE INFORMATION

Applicant Type: \_\_\_\_\_ Graduating High School \_\_\_\_\_ Currently Attending College/Grad/Tech School \_\_\_\_\_ Other

Are you related to a member of Stoughton Rotary? \_\_\_\_\_ If so who and how? \_\_\_\_\_

**PERSONAL INFORMATION** (ALL APPLICANTS)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOME TEL # \_\_\_\_\_ PARENT/LEGAL GUARDIAN NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FATHER/LEGAL GUARDIAN OCCUPATION & PLACE OF EMPLOYMENT: \_\_\_\_\_

MOTHER/LEGAL GUARDIAN OCCUPATION & PLACE OF EMPLOYMENT: \_\_\_\_\_

# OF SIBLINGS: \_\_\_\_\_

**HIGH SCHOOL** (ALL APPLICANTS)

NAME OF HIGH SCHOOL AND GRADUATION DATE: \_\_\_\_\_

GPA: \_\_\_\_\_ CLASS RANK: \_\_\_\_\_ CLASS SIZE: \_\_\_\_\_

ACTIVITIES, HONORS & AWARDS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SCHOLARSHIPS/FINANCIAL AWARDS/GRANTS, ETC RECEIVED OR ANTICIPATED (INCLUDE AMOUNTS): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMUNITY SERVICE/VOLUNTEER ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COLLEGE/TECHNICAL/GRAD SCHOOL** (THOSE CURRENTLY ATTENDING ONLY)

CURRENT GPA: \_\_\_\_\_ ANTICIPATED GRADUATION DATE: \_\_\_\_\_

ACTIVITIES, HONORS & AWARDS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SCHOLARSHIPS/FINANCIAL AWARDS/GRANTS, ETC RECEIVED OR ANTICIPATED (INCLUDE AMOUNTS): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMUNITY SERVICE/VOLUNTEER ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALL APPLICANTS MUST COMPLETE FOLLOWING INFORMATION**

COLLEGE/TECHNICAL SCHOOL-ATTENDING OR PLANNING TO ATTEND: \_\_\_\_\_

\_\_\_\_\_

INTENDED/CURRENT MAJOR: \_\_\_\_\_

HOW WILL YOU FUND YOUR EDUCATION? \_\_\_\_\_

\_\_\_\_\_

WILL YOU BE ATTENDING COLLEGE/TECH SCHOOL ON A FULL-TIME BASIS? \_\_\_\_\_

IF PART-TIME, HOW MANY CLASSES AND CREDITS WILL YOU BE TAKING PER SEMESTER? \_\_\_\_\_

PLEASE DESCRIBE ANY SPECIAL FINANCIAL NEEDS OR CIRCUMSTANCES SURROUNDING YOUR SITUATION THAT ARE PERTINENT TO COMPLETING YOUR EDUCATION: \_\_\_\_\_

My signature below certifies that the information listed on this application is accurate as of June 15, 2019. With my signature, I authorize Stoughton Rotary Club to use my name for any scholarship advertising or promotional material.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATIONS MUST BE POSTMARKED AFTER JUNE 15, 2019 AND BEFORE JULY 15, 2019. APPLICATIONS POSTMARKED AFTER JULY 15, 2019 WILL NOT BE CONSIDERED. ALL APPLICANTS WILL BE NOTIFIED REGARDING RESULTS IN WRITING AT THEIR ADDRESS OF RECORD IN THE FALL OF 2019 AND ARE ENCOURAGED TO APPLY EACH YEAR.**

**PLEASE SUBMIT COMPLETED APPLICATIONS TO:  
STOUGHTON ROTARY SCHOLARSHIP COMMITTEE  
PO BOX 63  
STOUGHTON, WI 53589**

**THANK YOU FOR YOUR APPLICATION & GOOD LUCK IN SCHOOL !**

For Rotary use only

<u>Evaluator 1</u>	<u>Evaluator 2</u>	<u>Evaluator 3</u>	<u>Evaluator 4</u>	<u>Evaluator 5</u>	<u>Total</u>
Reviewed_____	Reviewed_____	Reviewed_____	Reviewed_____	Reviewed_____	
Approve_____	Approve_____	Approve_____	Approve_____	Approve_____	_____