

**ROTARY CLUB OF LEXINGTON, MA
SCHOLARSHIP APPLICATION INSTRUCTIONS**

**PLEASE BE AWARE THAT ALONG WITH PAGES 1 – 3 OF THE SCHOLARSHIP
APPLICATION THE FOLLOWING ADDITIONAL ITEMS MUST BE ENCLOSED:**

- 1. APPLICANT’S TRANSCRIPTS. *(LHS Students see additional step below)**
- 2. IRS FORM 1040 – PAGES 1 & 2 ONLY! (For each parent if separate or guardian)**
 - a. PLEASE BLACK OUT SOCIAL SECURITY NUMBER(S)**

PLEASE MAIL ALL ITEMS TO THE ADDRESS BELOW:

Jim Freehling

CEO/President

C/o Brookhaven at Lexington

1010 Waltham Street, Suite 600

Lexington, MA 02421-8052

***Lexington High School students interested in applying for the Rotary Scholarship must complete the LHS online application form (link below) by April 2nd. LHS staff cannot accommodate last-minute requests for recommendations and transcripts. The LHS form can be found here:**

https://docs.google.com/forms/d/e/1FAIpQLSes1INLSpFOEzrsr9f_N2Mg6GHyN4FBC_VqHxINtwHgh4hEhw/viewform?usp=sf_link

ROTARY CLUB OF LEXINGTON SCHOLARSHIP APPLICATION



Name: _____ **School:** _____ **HR:** _____

Address: _____ **Phone:** _____ **Email:** _____

The Rotary Club of Lexington issues scholarships to graduating Lexington seniors. Qualified recipients are chosen based upon four criteria: grades, financial needs, extra- curricular school activities and community service.

ALL APPLICATIONS MUST BE COMPLETE AND BE ACCOMPANIED BY THE MATERIAL REQUESTED IN ORDER FOR THE APPLICATION TO BE CONSIDERED FOR REVIEW.

Based upon the above, please finish the following statement. (Use reverse or separate sheet if necessary)
“I meet the qualifications because...”

List all scholarships or grants for which an application has been made or approved:

Scholarship/Grant	Amount	Approved Y/N
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Top three colleges or schools you wish to attend:

- 1) _____
- 2) _____
- 3) _____

What is your intended major? _____

Parent: _____ Address (if different from above): _____
 Occupation: _____
 Employer: _____

Parent: _____ Address (if different from above): _____
 Occupation: _____
 Employer: _____

Guardian: _____ Address (if different from above): _____
 Occupation: _____

Employer: _____

Is the guardian financially responsible? Yes No

The Following Must Be Attached: Transcript & IRS Form 1040 (for each Parent, if separate, or Guardian)

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QUESTIONNAIRE

(Feel free to use additional pages if necessary)

1. Explain your school related extra-curricular activities. _____

2. List your work experience. _____

3. What are your plans for this upcoming summer? _____

4. Explain your community service activities. _____

5. Explain what you plan to study in school or college and why. _____

6. Explain any unusual financial circumstances not mentioned earlier. _____

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FINANCIAL INFORMATION

1. Total annual income of the family, parents or of financial guardian for each of the last 2 years:

(20____) \$ _____ and (20____) \$ _____

2. Value of home: (if owned by either parent or guardian) \$ _____

Unpaid mortgage: \$ _____

3. Total value of other assets available to pay for tuition and expenses, such as savings, stocks, mutual funds or home equity: \$ _____

4. List total indebtedness: (medical, loans, etc.) \$ _____

5. If applicable, percentage of expenses that will be paid by the parent not living with you: _____%

6. How much have you saved for your education? \$ _____

Estimate of summer earnings: \$ _____

7. Are you or your family eligible for education loan programs? Yes No

8. Anticipated college expenses:

Tuition: \$ _____ Books: \$ _____

Room & Board: \$ _____ Travel: \$ _____

9. Name(s) of siblings who will be in college next year:

Name	Age	College
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE OF BOTH PARENTS, OR GUARDIAN:

We have checked this form for omissions and errors. To the best of our knowledge, the information reported is complete and correct.

Signature

Signature

Print Name

Print Name

Date

Date