

Rotary

Club of Palo Alto



P.O. Box 592
Palo Alto, CA 94302
parscholarship@gmail.com

Robert Smithwick Vocational Scholarship Application

Date: _____

Name: First/Last _____

School Attending in Summer or Fall: _____

Student Identification #: _____

Email address: _____

Preferred Phone with area code: _____

Home Address: _____

Important Note for All Applicants: *This scholarship is **only** available to community college students pursuing a vocational program degree or certification from one of the following institutions: Cañada College, College of San Mateo, De Anza College, Foothill College, and Skyline College.*

Information given on the application will be used to consider you for a vocational scholarship. It will also supplement any existing financial aid application you have or will file. The scholarship award will be issued directly to the community college financial aid office and will be awarded to the student after enrollment in the specified number of units at that community college. Both content and manner of presentation will be considered when this scholarship application is reviewed.

Please complete the entire application. Failure to do so may jeopardize its status. **This application and one completed recommendation letter, preferably from a current or former instructor, are the only forms necessary to apply.** It may be sent to the email above or printed and mailed to the address above.

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Personal Information

Preferred pronouns: _____

Housing status: _____

Marital status: _____

Number of dependents ____ Ages _____

If married, spouse's Occupation _____

Is spouse a student? Yes ____ No ____ Number of Units ____ Where _____

Educational Information

List all high schools and colleges you have attended, beginning with your final year of high school and ending with your present educational status. Please include the following:

	School	Degree/Certificate	Dates of Attendance	GPA
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

What degree/certificate are you seeking? _____

What is your area of study/program? _____

From which college? _____

Which college will you be attending in the summer or fall? _____

How many units will you be taking each term next year? _____

When will you reach your goal/graduate? Month/Year _____

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Current Memberships, Activities, and Involvements

List activities in which you are actively participating in school, college, or the community. Clubs, committees, athletics, drama, music, volunteering, both on and off campus.

Supplemental Financial Information

Monthly Income

Employment* _____
Spouse Employment _____
Parent Contribution _____
Scholarships or Grants _____
Work-Study _____
VA/Social Security Benefits _____
Child Support/Alimony _____
Other (List Source) _____
Total monthly income \$ _____

Monthly Expenses

Rent _____
Food _____
Utilities _____
Education (Books, Fees) _____
Transportation _____
Child Care _____
Child Support _____
Other (List) _____
Total monthly expenses \$ _____

*If employed, where? _____

*If employed, how many hours a week? _____

Do you receive any state or county financial assistance/subsidies/vouchers:
(CalFresh, Medi-Cal, Childcare/Housing programs, etc.) Y_____ N_____

Do you have healthcare coverage: Y_____ N_____

If yes, how is it provided to you? _____

Anticipated tuition & school-related expenses? \$_____ Quarterly or Annually?

Additional comments related to financial need: _____

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Personal Statement (500 word maximum)

Please help us get to know you -- Tell us about yourself. Feel free to share whatever you are comfortable sharing about your background, any personal hardships you've faced, your need for financial assistance, any past military service, why you wish to attend the school you've selected, what you hope to be doing five years from now, etc. We look forward to learning more about you.

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Letter of Recommendation

Please give us the name of the one person from whom you have requested a letter of recommendation, preferably from a current or former instructor.

Name: _____ Contact: _____
(email preferred, or phone)

Relation to you (teacher, counselor): _____

Please let the person know they may submit their letter of recommendation either:

Preferred Method: By email to: parscholarship@gmail.com

Or by mail to: PA Rotary Vocational Scholarships
P.O. Box 592
Palo Alto, CA 94302

Completion of Application

I hereby authorize the Financial Aid Office at the school/s to which I am applying to release all information that may be requested concerning my application to the Rotary Club of Palo Alto. I agree that some scholarship information may be sent to me at the email address that I have listed.

Signature (or typed name if by email) _____

Date: _____

Please save your completed form and email your application as an attachment to:
parscholarship@gmail.com

Or you may print and mail this application to:
PA Rotary Vocational Scholarships
P.O. Box 592
Palo Alto, CA 94302

Thank you for your application