



P.O. Box 592  
Palo Alto, CA 94302  
[parscholarship@gmail.com](mailto: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

Pronouns: \_\_\_\_\_ If other \_\_\_\_\_

Housing status: \_\_\_\_\_

Marital status: \_\_\_\_\_

Number of dependents \_\_\_\_ Ages \_\_\_\_\_

Spouse/partner's occupation \_\_\_\_\_

Is spouse/partner 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 in comments) \_\_\_\_\_  
**Total monthly income \$** \_\_\_\_\_

### Monthly Expenses

Rent \_\_\_\_\_  
Food \_\_\_\_\_  
Utilities \_\_\_\_\_  
Education (Books, Fees) \_\_\_\_\_  
Transportation \_\_\_\_\_  
Child Care \_\_\_\_\_  
Child Support \_\_\_\_\_  
Other (list source in comments) \_\_\_\_\_  
**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? \_\_\_\_\_

Expected 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](mailto: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](mailto: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**