Rotary Club of Southington Continuing Education Scholarship Application Form

Student Name:	Date:
	Email Address:
High School Graduation Date:	
Address:	
College Currently Attended:	Are You Currently Employed? (Yes or No)
Summer Employment Hours/Week:	Employer:
School Year Employment Hours/Week:	Employer:
Semesters Completed to Date:	Anticitpated Graduation Date:
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PLEASE TYPE YOUR R	ESPONSES TO THE FOLLOWING:
(While in College)	
School activities:	
Honors or Awards received:	
Community Involvement/Volunteering:	
Brief comments on your plans upon graduati	ion:
2.10. comments on your plans apon graduati	
A statement of financial need:	