



SCHOLARSHIP CLAIM FORM

Please return to Columbus Rotary by June 15, 2021
950 Michigan Avenue, Columbus, Ohio 43215
office@columbusrotary.org

Please fill out all answers that apply.

Last Name:

First Name:

Scholarship Received (Choose One):

Are you a citizen of the United States?

GPA: _____ Choose One

If college, list # of academic terms: _____

College Attending:

Financial Aid Office Address:

Major:

Email:

School ID:

High School, County, State, Grad Yr:

Permanent Street Address:

City:

State:

Zip:

1st phone:

2nd phone:

Signature: _____

Date of Submission: _____

Columbus Rotary

Joining Leaders...Exchanging Ideas...Taking Action