

Salida Sunrise Rotary Charitable Fund

PO Box 1044
Salida, CO 81201

Current Scholarship Application

Applicant Information:

Name: _____ Date of Birth: _____

E-Mail: _____ Phone: _____

Current college school year: Freshman Sophomore. Junior Senior

High school graduation date: Month: _____ Year: _____

Residency Eligibility:

Salida (R-32-J School District) Resident Dates/ Address: _____

Proof of residence for yourself and/or your family may be requested

Parent/Guardian: _____

Parent/Guardian: _____

Member of Rotary Interact Club? Yes. No When: _____ Where? _____

Officer of Rotary Interact Club? Yes. No When: _____ Where? _____

Community Service Record: Please list dates of service, name of organization and type of service.

| Dates | Organization/type of service |
|-------|------------------------------|
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Work Experience:

| Dates | Employer | Job Description |
|-------|----------|-----------------|
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Financial Need: Salida Sunrise Rotary considers financial need when choosing scholarship recipients. In a short paragraph, please provide specific information about your financial need and include amounts you hope to receive from family support, student loans, work study, and scholarships.

References: List three adults NOT family members (i.e., counselor, coach, teacher, mentor, etc.). Attach **current** letters of recommendation.

| Name | Email Address | Postal Address | Phone (with area code) |
|------|---------------|----------------|------------------------|
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Transcript: Please attach a copy of the **most recent** college transcript for review.

Colorado School (accredited college, university, community college or vocational school) that you attend.

Planned Major: _____ Planned Career: _____

Have you received any scholarship or student loans? Yes. No. If yes, identify each by name and the amount of the award.

Salida Sunrise Rotary Scholarships expire one year from scholarship certification date.