

Salida Sunrise Rotary Charitable Fund

PO Box 1044
Salida, CO 81201

High School Graduate Scholarship Application

Applicant Information:

Name: _____ Date of Birth: _____

E-Mail: _____ Phone: _____

Must be a graduating high school senior to apply

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

Work Experience:

Dates	Employer	Job Description

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)

Transcript: Please attach a copy of the most recent high school transcript for review.

Colorado School (accredited college, university, community college or trade school) you plan to 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.