

Salida Sunrise Rotary Charitable Fund

PO Box 1044
Salida, CO 81201

Sonia Walter Memorial 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

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)

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

Planned Major: _____ Planned Career: _____

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

Please Note:

1st Year /\$3,000

2nd Year/\$1,500

3rd Year/\$1,500

4th Year/\$1,500