

Salida Sunrise Rotary Charitable Fund
P.O. 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 residency for yourself and/or your family may be requested

Guardian Name _____
Guardian Name _____

Community Service Record: Please list dates of service and Name of Organization or Type of Service

Dates	Organization/Type of Service

Work Experience

Dates	Employer	Job Description

References: List three adults NOT family members (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.

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

Planned Major _____ Planned Career _____

Salida Sunrise Rotary Scholarships expire one (1) year from scholarship certification date.