

**APPLICATION FOR 2019
KIRKWOOD ROTARY CLUB SCHOLARSHIP**



Complete this application and return to:
Sandy Washington
13205 Manchester Road
Des Peres, Missouri 63122
314-543-3346
Sandy.Washington@bmo.com

▶ **INTERVIEWS SCHEDULED FOR:**
Thursday, April 25, 2019
3:30 p.m. to 8:00 p.m.
Greenbriar Country Club

▶ **PLEASE INDICATE TIMES AVAILABLE:**
a) _____ b) _____ c) _____

APPLICATIONS MUST BE POSTMARKED BY MONDAY, APRIL 15, 2019

PERSONAL:

Full Name _____
(last) (first) (middle)

Permanent Home Address _____
(street) (city) (state) (zip)

Number of years at above address: _____ Home Phone _____ Date of birth _____

E-Mail address _____

GRADE SCHOOL/HIGH SCHOOL/COLLEGE:

Grade School Attended _____

High School or College Currently Attending _____

Grade Point Average _____ Class Rank _____

FAMILY:

Name of Parent(s) or Guardian _____ E-Mail Address _____

Address of Parent(s) or Guardian _____

Father's Occupation and Type of Work _____

Mother's Occupation and Type of Work _____

Past Sibling(s) Who Received Rotary Scholarship (If applicable) _____

In addition to the applicant, there will be _____ other immediate family members in college next year.

INCOME:

Father's Total Annual Income \$ _____

Mother's Total Annual Income \$ _____

Applicant's Total Annual Income \$ _____

Other Income from Stocks, Property, Insurance, Etc. \$ _____

DEBTS:

Debts, Other Liabilities and/or Unusual Circumstances Creating Need _____

COLLEGE OR OTHER EDUCATIONAL INSTITUTION YOU PLAN TO ATTEND:

School Selected: _____

Areas of Studies: _____

APPLICATION FOR KIRKWOOD ROTARY CLUB SCHOLARSHIP (cont.)

College Costs (annual)

Room	\$	_____
Board	\$	_____
Tuition	\$	_____
Books	\$	_____
Other	\$	_____
TOTAL	\$	_____

Other Financial Aid Promised \$ _____
Parent's Contribution \$ _____
Applicant's Contribution \$ _____
TOTAL \$ _____

WORK EXPERIENCE:

Type of Work (paid or voluntary) and Dates of Employment

SCHOOL ACTIVITIES:

COMMUNITY ACTIVITIES:

REASONS FOR APPLYING FOR A SCHOLARSHIP:

REFERENCES:

List two personal references (not related to applicant) and their addresses:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____

(Please feel free to attach additional pages with any information you think helpful or important.)

SIGNATURES:

Signed: _____ (print student's full name) _____ (student's signature) Date: _____

I have read and approved this application:

Signed: _____ (print parent's or guardian's full name) _____ (parent's or guardian's signature) Date: _____

Signed: _____ (print parent's or guardian's full name) _____ (parent's or guardian's signature) Date: _____