

**APPLICATION FOR 2021
KIRKWOOD ROTARY CLUB SCHOLARSHIP**



Complete this application and return to:

Sandy Washington
417 Delshire Place
Kirkwood, Missouri 63122
314-406-6299
dws1wash@gmail.com

► Because of the coronavirus, no interviews will be scheduled this year.

Scholarships decisions will be communicated to each applicant on Friday, April 23.

► **PLEASE INDICATE TIMES AVAILABLE:**

a) _____ b) _____ c) _____

APPLICATIONS MUST BE POSTMARKED BY MONDAY, APRIL 19, 2021

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

I have read and approved this application:

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

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