



Rotary Club of Key Largo

NON-TRADITIONAL ADULT & VOCATIONAL SCHOLARSHIP APPLICATION

Name: _____
 Phone Number: _____
 Address 1: _____
 Address 2: _____
 City / State/ Zip: _____
 Email: _____

Please answer all questions completely and fill out the attached form. You may include a separate sheet with any additional information relevant to this scholarship request. Please ensure the signature of your Parent(s) or Guardian is included on this form if applicable.

- 1) How long have you lived in the Florida Keys?

- 2) What are your educational goals and career objectives?

- 3) Where would you like to work after completing your education?

- 4) What is your highest level of education and when was it completed?

- 5) What community functions or activities have you participated in as a volunteer?
 How many hours? _____

- 6) Some awards are based primarily upon financial need. Additional financial documentation may be requested.

Number of people in family: _____ **Total Annual Household Income:** _____

7) Describe your household:

Name	Relationship	Age

Name(cont.)

Relationship(cont.)

Age(cont.)

8) Describe your current financial situation. Include the amount you have saved for your education, the amount that you can contribute from earnings (if you plan to work while attending school) and any additional scholarships you have obtained or for which you are applying.

9) Please list three persons, other than relatives, who have knowledge of you background and character.

REFERENCES

1.
2.
3.

IMPORTANT: For your application to be considered, it must be signed and must be accompanied by the following items.

- Estimated Net Cost Sheet
- Letter of Recommendation

For High School Seniors: Applications must be received no later than April 22, 2023.

For all others: Rolling applications accepted.

Submit applications by mail to:
 Rotary Club of Key Largo
 Attention: Scholarship Committee
 PO Box 252, Key Largo, FL 33037

OR-

Email them to: KeyLargoRotaryScholarship@gmail.com

Questions concerning the completion of this application may be directed to Cheryl Powers at 502-645-3578.



"Service Above Self"

NET COST WORKSHEET

Applicant Name

School Attending

Estimated Costs

Year 1

Year 2

<u>Tuition</u>	\$	\$
Room and Board	\$	\$
Books & Supplies	\$	\$
Lab Fees / Misc.	\$	\$
Total Cost	\$	\$
<u>Sources of Cash</u>		
Florida Prepaid	\$	\$
Bright Futures	\$	\$
Scholarship 1:	\$	\$
Scholarship 2:	\$	\$
Other Scholarships	\$	\$
Dollars from Savings	\$	\$
Dollars from Parents/Relatives	\$	\$
Dollars from Working	\$	\$
Dollars from Loans	\$	\$
Other :	\$	\$
Total of Sources	\$	\$
Estimated Shortfall (Costs minus Sources)	\$	\$

Parent(s)/Guardian Signature:

Student Signature: