ROTARY GLOBAL	./DUNN SCHOLARSHIP APPL	ICATION	N FORI	<u>M</u>					
Please print legibly o	or type. Do not use initials or abbre	viations							
Family name:					Given	name:			
Current mailing add	lress:								
Permanent Addess in t	he Dist 7890 area								
Email:									
Phone Number:									
Emergency contact in	formation (relationship, name, addres	ss, phone	number	; email):					
Proposed field of stu	dy and length of study program:								
EDUCATIONAL I	HISTORY								
LDOOATIONALI									
University level (included)	ude any studies planned between n	ow and t	he scho	larship	term; lis	st planne	d or most rec	ent studies f	irst):
City, State/Province,	Country:								
Dates attended (mor	nth & year):								
Field of study:									
Degree or certificate	received or expected:								
Institution:									
City, State/Province,	Country:								
,	,								
Dates attended (mo	onth & year):								
Field of study:									
Degree or certificate	received or expected:								
Secondary School (na	ame and location)						ttended n and year)	Diploma or equivalent	
								YES	NO
								YES	NO

BUDGET							
Select the local c	urrency for your bu	dget and enter the	e current rate o	of exchange to 1 U	J.S. dollar.		
Local currency		Exchange rate to 1 USD					
Detail your proposed	d expenses. Note that t	he total budget must b	pe equal to the tota	al financing of your	scholarship grant	amount.	
Attach any docume	ents, such as price she	ets, bids or estimates	s, to support the	expenses listed.			
Description	Caregory	Local Cost	Cost in USD				
Tuition & fees	Tuition						
Local housing	Accommodations						
Books	Supplies						
Food	Supplies						
Airfare	Travel						
Consular/visa fees	Travel						
Local transportation	Travel						
Total budget							
<u>FINANCING</u>							
-	nount is US\$30,000.			r all expenses in ex			
Please list and des	scribe your sources a	ind sufficiency of ac	iditional funds	that will cover the	e balance of you	r budget:	
	EMPLOYMENT HIS	STORY					
	(List current or most recent first)						
	Name of employer			Job title or typ	oe of work		(month & year)
						_	
	PREVIOUS EXPERIENCE  State/Province	E ABROAD		Country	<u>Dates</u>	Circum	<u>istances</u>

RESUME AND ES	SSAY							
Prepare the follow	ving documents	with your name i	n the upper rio	ght corne				
RESUME:								
A brief autobiogra								
		trengths and cha	allenges					
	b. Work experi							
ESSAY:								
A detailed statem		onger than two						
		ed field of study al interests and				ns you have	held.	
		v training or expe						
	-			-		-		
LETTERS OF RE	COMMENDATIO	<u>ON</u>						
Have two academ	nic instructors or	employers or su	pervisors prov	ride letter	s of recomme	endation.		
TRANSCRIPTS								
Provide original tr	anscripts from a	ll post-secondar	y colleges or υ	ıniversitie	s attended.			
-			-					
STUDY INSTITUT	ΓΙΟΝ							
Provide proof of a Details regarding scholarship.					<u> </u>	<u> </u>		
Study must be in	one of the sever	n areas of focus.	For further de	tails chec	k link below.			
https://www.rotary								
Name of institution								
City, State/Province	ce, Country:							
Website address	of institution:							
Dates of attendar	nce (month & yea	ır):						
Degree or certification	ate:							
Name of specific	degree or certific	ate program:						

APPLICANT'S CERTIFICATION										
My signature below certifies that the information procertify that in or to abide by Rotary's conflict of integrany of the categories listed below					•					
a. Rotarian, including honorary Rotarian										
b. Employee of a club, district, or other Rotary Enti- International	ty, or of	Rotary								
c. Spouse, lineal descendant (child or grandchild be descendants,	y blood	, legal	adoptio	n, or m	arriage	withou	it adopt	ion), sp	ouse o	f lineal
or ancestor (parent or grandparent by blood) of pecategories	rson(s)	in the a	bove							
d. Employee of an agency, organization, or institut International	ion that	partne	s with	The Ro	tary Fo	undatio	on or Ro	otary		
e. Former Rotarian or honorary Rotarian who has months	terminat	ed me	mbersh	ip withi	n the p	recedir	ng 36			
f. Person who is ineligible based on a familial relat of 36 months after termination of family member's	•		mer Ro	tarian (	or hond	rary Ro	otarian,	for a p	eriod	
Applicant's signature:							Date:			
PLEASE EMAIL THE ABOVE WITH ALL THE ATT.  YEAR TO: District7890DunnScholarship@gmail.com		NTS N	O LATE	ER THA	N MAY	′ 1st Ol	F THE /	APPLIC	ATION	