SCHOLARSHIP APPLICATION

SCHOOL: _______________________________ DATE SUBMITTED: ____________

PERSONAL INFORMATION:

Name: _________________________________ Phone: __________________________

Address: _______________________________ City ___________________ Zip __________

Mailing Address if different from above: ____________________________________________

Please provide an e-mail address (if you have one): __________________________________

Family members currently in school (enter number): ___Below High School, ___ High School, ___ Above HS.

Length of time (years) in: _____ Florida ___ Martin County
(Must have attended a Martin County Public High School for a minimum of two years).

FINANCIAL INFORMATION:

Please check family annual income (may be subject to verification): ___Under $30,000, ___ $31 - $45,000
 ___ $46 - $60,000 ___ $61 - $75,000 ___ $76 - $85,000 ___ Above $85,000

Will your family be contributing to your expenses? If yes, amount. $________ or 529 Plan, or Pre paid

SCHOOL INFORMATION:

Information to be as of first semester interims: Cumulative unweighted GPA _____, Weighted GPA ______

Scholastic Tests: SAT _________ ACT _________ Did not take ___ Plan to take _______

Class rank is ______ out of ________ seniors.

Dual Enrollment Classes (yes) (No). If yes how many credit hours expect at graduation ________

NOTE: (If more than 33 dual enrollment hours, do not apply for this scholarship)

List on back (or page 2) organizations, clubs and sports you have participated in, and jobs held, if you work(ed).

Awards and recognitions and year received: ____________________________________________

________________________________________________________________________________

PLANS:

College major or degree or field of study you plan to pursue: ______________________________________

Colleges or Vocational Schools you plan to or have applied to (please indicate if applied and/or accepted):

________________________________________________________________________________

________________________________________________________________________________

Continue on back (or page 2).
ORGANIZATIONS, SPORTS & WORK:
Please indicate school year by: (1) Freshman (2) Sophomore (3) Junior (4) Senior and office held. Use two-letter abbreviation with year. Please fill out this page and attach an additional sheet, if necessary. Do not use school “Standard Form”.

ORGANIZATIONS (School or community, school year served and office held):

VOLUNTEER ACTIVITIES (School or community, month(s)/year):

SPORTS (participated school year(s) and number of months in season):

WORK EXPERIENCE (list each job starting with current, number of months employed, & ave. hours per week):

OTHER INFORMATION:

Please attach one page describing why you are applying for this scholarship, your goals and anything else about yourself or family you want the review committee to know.

Please attach two letters of reference, a teacher, counselor, coach, club sponsor, employer, or an executive (or sponsor) of an organization for which you volunteer.

Thank you for considering Stuart Rotary - Sunrise to help you with your additional education.

FORM DATE  9/10/18