

SCHOLARSHIP INFORMATION

The Rotary Club of Arlington supports local youth in many ways including awarding scholarships to graduating seniors. We are now seeking applications from graduating seniors attending high schools: Arlington, Westin, Darrington, or Lakewood. Applicants will be evaluated based on the following: Community service, academic excellence, leadership, financial need, and other substantial contributions to one's school or community.

Scholarship Amount: \$5,000*

*The Scholarship Committee *may* choose to award a \$10,000 scholarship to a student with financial need (\$5,000/year for two years).

The following must to be included in each scholarship application:

- 1) Complete application form
- 2) List of honors and awards
- 3) Short essay discussing your educational objectives (1-2 pages)
- 4) Summary of ways you have helped your community
- 5) Transcript
- **6)** Letters of recommendation (2-4)
- 7) Financial Need Questionnaire

Application Deadline: APRIL 1, 2023

Email your completed packet to: <u>Rotaryscholarship22@gmail.com</u>. If you are unable to email your application, Arlington Copy Mail & More, 526 West Avenue, Arlington will scan your completed form and emailed on your behalf.



SCHOLARSHIP APPLICATION

Full Name:		
Current School:		
DOB:		
Address:		
Phone:		
Email:		
Post-High School Plans: College/School you plan to attend:		
Have you been accepted: Applied/Waiting:	Will apply:	
Intended major/area of interest:		
Family Information: Father/Guardian:		Phone:
Place of Employment:		Phone:
Position:		F/T:
Mother/Guardian:		Phone:
Place of Employment:		Phone:
Position:		F/T: PT: .

First name only	Age	Grade	Э	Fi	irst na	ame only	Age	Grade	
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In the left column, list your major activities and mark an "X" for the year(s) during which you participated. In the right column, list any leadership positions you held as part of that activity or any contributions you made, and mark an "X" in the grade level it occurred. One entry per line.

Student Activities					Leadership/Accomplishments				
	9	10	11	12		9	10	11	12
Ex: Debate Team	Х	Χ			Team Captain		Χ		

List the most significant work experiences you have held during the past four years, beginning with most recent:

List ways in which you have helped your community. Use additional pages if needed. Please include supervisors' signature to validate.

Service Activity	Description	Total Hrs	Supervisor



PERSONAL STATEMENT

Limit comments to one page. A typed copy can also replace this page. Discuss <u>one</u> of the following topics:

- How will your individual background, experiences and personal identity influence your educational pursuits?
- Write about a meaningful activity you have participated in and its influence in your life.
- Indicate a person who has had a significant influence on you and describe that influence.



TEACHER RECOMMENDATION

Teacher's Name:	Student's Name:
A Signed, Teacher Letter of Recommenda	ation, may replace this page.
Please list the class(es) this student has to you have worked with them:	aken from you as well as other capacities in which
What are the first words that come to your	mind when describing this student?
Do this student's achievements reflect the	ir ability?
In what way has this student been memor might distinguish this student from other s	able? We are especially interested in things that tudents seeking local scholarships.
Signature	
Date	



COMMUNITY MEMBER RECOMMENDATION

Evaluator's Name:	Student's Name
A Signed, Community Member Recommendation	Letter, may replace this page.
How long and in what capacity have you known t	his student?
What are the first words that come to your mind v	vhen describing this student?
Does this student demonstrate curiosity and initia	itive?
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In what way has this student been memorable? V might distinguish this student from other students	
Signature	
Date	



FINANCIAL NEED QUESTIONNAIRE

This information is requested for the committee to assess financial need. In the alternative to filling out this form, you may attach a paragraph explaining your financial need.

Α.	Student								
	Last Name	First Name	Middle Initial						
B.	December 31,Please parent/guardia Estimates b A completed 1. Gross House 2. Medical/Den	kpense, and asset data for the previous an complete the following section. Indicased on current income information d tax return IRS Form 1040 – filing ehold Income earned tal expenses not paid by insurance gs, Checking Accts, stocks, etc	cate whether the information is from: n to be filed by April 15, (yr) date of April 15, (yr). \$						
C.	Additional Informat	tion pertinent you would like to prov	ide:						
	rtification: All of the owledge.	information on this form is true and	complete to the best of our						
Аp	plicant's Signature	Parent/	Guardian Signature						

Date