

Salida Sunrise Rotary Charitable Fund
P.O. Box 1044
Salida, CO 81201

Current College Student Scholarship Application

Applicant information

Name: _____ Date of Birth: _____
E-mail: _____ Phone: _____
Current College School Year: Freshman Sophomore Junior Senior
High School Graduation date: Month _____ Year _____

Residency Eligibility

Salida (R-32-J School District) Resident Dates/Address _____

Proof of residency for yourself and/or your family may be requested

Guardian Name _____
Guardian Name _____

Member of Rotary Interact Club? Yes No When _____ Where? _____
Officer of Rotary Interact Club? Yes No When _____ Where? _____

Community Service Record: Please list dates of service and Name of Organization or Type of Service

Dates	Organization/Type of Service

Work Experience

Dates	Employer	Job Description

Financial Need: Salida Sunrise Rotary considers financial need when choosing scholarship recipients. In a short paragraph, please provide specific information about your financial need and include amounts you hope to receive from family support, student loans, work study, and scholarships.

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References: List three adults NOT family members (counselor, coach, teacher, mentor, etc.) Attach **current** letters of recommendation.

Name	Email Address	Postal Address	Phone (with area code)

Transcript: Please attach a copy of **the most recent** college transcript for review.

School: The accredited college, university, vocational community college or trade school that you attend.

Planned Major _____ **Planned Career** _____

Have you received any Scholarships or student loads? Yes No If yes, identify each by name and the amount of the award.

_____	_____
_____	_____
_____	_____

Salida Sunrise Rotary Scholarships expire one (1) year from scholarship certification date.