

# DELTA ROTARY FOUNDATION

*Applications due in Career Center*

**April 16, 2018**

## 2018-2019 SCHOLARSHIP APPLICATION FORM

### Sheldon/Marist High School

**NOTE: SCHOLARSHIPS AVAILABLE ONLY TO STUDENTS ATTENDING OREGON INSTITUTIONS: PUBLIC, PRIVATE OR VOCATIONAL**

*Children & grandchildren of Delta Rotary members are not eligible for this scholarship.*

This application is also available at [www.deltarotary.org/?s=documents](http://www.deltarotary.org/?s=documents)

*Electronic Versions Preferred*

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

(As you complete this application, you may attach additional pages if needed.)  
PLEASE TYPE OR FILL OUT IN DARK INK.

## REFERENCES

Please supply three references, one of whom you know outside of school.

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Name	Phone/email
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Name	Phone/email
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Name	Phone/email
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(As you complete this application, please attach additional pages as needed.)

## ACTIVITIES

### SCHOOL:

**Honors and Awards** (describe the nature of the honor or award and identify the year)

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**Offices and Leadership Roles** (organization, position, and year)

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### ORGANIZATION MEMBERSHIPS:

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### HOBBIES AND INTERESTS:

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## COMMUNITY SERVICE

**Honors and Awards** (describe the nature of the honor or award and identify the year)

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**Office and Leadership Roles** (organization, position, and year)

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**Project, Organization, or Activity** (state your involvement, including whether you developed the project, hours, and whether the activity was required or given class credit)

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**Describe any activities that exemplify the Rotary motto, "Service Above Self."**

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**EMPLOYMENT**

Dates	Employer	Position	Average Hours
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How have you used your earnings? \_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL PLANS**

College, School, or Training Choice: \_\_\_\_\_  
\_\_\_\_\_

Career Goal: \_\_\_\_\_  
\_\_\_\_\_

How do you plan to finance your education? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify other scholarships applied for, amount available, or amount awarded:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will receiving this scholarship affect whether you continue your studies or career interests, or where?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACADEMIC HISTORY

**High School:** \_\_\_\_\_

**Dates Attended or Anticipated Graduation or Completion Date:** \_\_\_\_\_

**GPA:** \_\_\_\_\_ on a scale of 4.0 or 4.5 (circle one)

### Prior Schools:

Name of School	Dates Attended
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Name of School	Dates Attended
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Name of School	Dates Attended
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### Test Scores:

**SAT:** Date \_\_\_\_\_ Score \_\_\_\_\_

**ACT:** Date \_\_\_\_\_ Score \_\_\_\_\_

## SCHOLASTIC HONORS AND AWARDS

**Honors and Awards** (describe the nature of the honor or award and identify the year)

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**Organizations** (name, office, position of leadership, and year using 1 for Freshman, 2 Sophomore, 3 Junior, and 4 Senior e.g. National Honor Society, President, 3, 4).

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## Transcript

**Please attach an unofficial copy of your transcript. Please explain any additional studies that might not appear (e.g. study abroad for which college credit was given or examinations resulting in college credit that are not associated with a high school class.)**

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## FAFSA

**Please attach FAFSA or CSS documentation showing Expected Family Contribution Failure to include FAFSA could render application ineligible.**

I certify that, to the best of my knowledge the information provided on this application is complete and accurate. I authorize Eugene Delta Rotary to furnish copies of this application, essays and other attachments to any of the scholarship committee members. I hereby give approval for Eugene Delta Rotary to publicize any scholarship award I receive, listing my name, school, amount of the scholarship and biographical summary. Further, unless a written statement to the contrary is sent to the Delta Rotary, all scholarship recipients give authorization to publish photographs of themselves for promotional purposes.

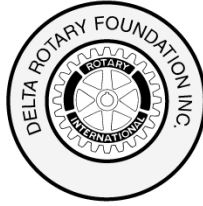
\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**This scholarship may be renewed for up to three additional (consecutive) years subject to:**

- **Timely submission of annual Scholarship Renewal Application including an updated education plan**
- **Being in good standing by meeting the requirements of the specific institution attended.**
- **Being enrolled full-time per definition of the specific institution**
- **Attending an application interview, if requested**

**All awards will be subject to approval annually at the sole discretion of the Delta Rotary Foundation selection committee.**



## delta rotary foundation, inc.

975 OAK STREET, SUITE 500  
EUGENE, OREGON 97401

### Contact Information

In the event you receive a scholarship and to ensure we get the Scholarship Award to the correct school in a timely manner, please provide us with the following information.  
In addition, please read, sign and return page 2 which outlines expectations required to renew the scholarship for up to four years.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

2nd Contact Person (Parent, relative or close friend)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

School you plan to attend: \_\_\_\_\_

(Please let us know if your plans change.)

Please contact the Foundation in early August to confirm your plans for school. A payment will be made to the Financial Aid Office of your school in mid-August only after we hear from you. Your award will be divided evenly among the terms or semesters, depending on the school.

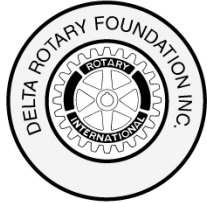
Please return this information as soon as possible to:

Mike Hartwig, Secretary  
Delta Rotary Foundation  
c/o Moss Adams LLP  
975 Oak Street, Suite 500  
Eugene, Oregon 97401  
Phone: 541-686-1040  
Fax: 541-686-9673  
Email: [mike.hartwig@mossadams.com](mailto:mike.hartwig@mossadams.com)

Please call or email Mike as your plans change or if you need to update your contact information.

Award Amount:  
(to be completed later)

\$ \_\_\_\_\_



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## Expectations for the Renewal of Delta Rotary Foundation Scholarship

Keep contact information current with the Foundation

Be available to either speak or provide written and/or video updates to the Foundation which will be shared with the Rotary Club

Be willing to speak at an occasional Rotary event

Meet the academic requirements for renewal:

While it is anticipated that all recipients will qualify for and receive multiple year awards, the availability and amount will be subject to:

- the student providing an updated education plan,
- be attending an Oregon institution – public, private or vocational,
- be in good standing by meeting the requirements of the specific institution attended, and
- be enrolled full-time per definition of the specific institution.

All awards will be subject to approval annually at the sole discretion of the Foundation's selection committee.

If you have any questions during the application process, please speak to your school's foundation contact person.

Please confirm your understanding of these requirements:

I have read and understand the requirements for annual renewal of the Delta Rotary Foundation scholarship.

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Applicant's Name

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Date

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Applicant's Signature