

DELTA ROTARY FOUNDATION

Wendy Dixon
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2016-2017 SCHOLARSHIP APPLICATION FORM

YOUTH SERVICES MLK EDUCATION CENTER

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*

**Applications due to your MLK Counselor
April 15, 2017**

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.

SCHOOL HISTORY

High School: _____

Anticipated Date for Graduation or G.E.D: _____

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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Education or Training Goals (describe your interests, hopes, and plans):

Work/Career Goals:

ACTIVITIES

SCHOOL:

Participation in Vocational Programs:

Recognition / Memberships / Honors and Awards (describe the nature of the honor or award and identify the year)

COMMUNITY ACTIVITIES / LEADERSHIP ROLES (organization, position, and year):

HOBBIES AND INTERESTS:

EMPLOYMENT

Dates	Employer	Position	Average Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How have you used your earnings?

EDUCATIONAL PLANS

College, School, or Training Choice: _____

Career Goal: _____

REFERENCES

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

Name Phone/ email

Name Phone /email

Name Phone/email

TRANSCRIPT

Please attach an unofficial copy of your transcript.

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.

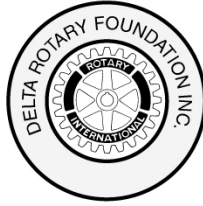
Signed

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.

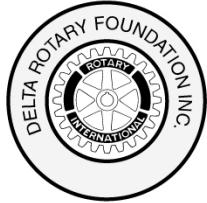
Please return this information as soon as possible to:

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

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.

Applicant's Name

Date

Applicant's Signature