

LORAIN ROTARY SCHOLARSHIP APPLICATION

PERSONAL DATA

Name: _____ SSN (last 4 digits): _____

Home address: _____ Zip code: _____

Home telephone: _____

High School attended _____ Graduation date ____/____/____

College currently attending: _____

Bursar's address (include city, state, & zip code): _____

Are you related to a Lorain Rotarian? ____ no ____ yes – what is your relationship? _____

(Note: Immediate family members of Lorain Rotarians - defined as spouse, children and stepchildren, are not eligible to apply.)

EDUCATION

1. Full time Student? ____ Yes ____ No

2. Number of credit hours currently enrolled in: _____

3. Current college grade level: ____2 ____3 ____4 ____5 ____Grad

(students in college grade levels 2, 3, 4, 5 and Graduate are eligible to apply, however preference will be given to sophomores, juniors and seniors)

4. Cumulative grade point average (minimum of 2.5 to apply): _____

5. What degree(s) are you pursuing? _____

6. What vocation do you plan after college: _____

ACADEMIC AWARDS, SCHOLASTIC HONORS AND ACHIEVEMENTS

High School: _____

College: _____

EXTRA CURRICULAR ACTIVITIES/HOBBIES/INTERESTS

WORK EXPERIENCE

Employer	Duties	Dates: From - To
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY INFORMATION

Marital status: ___single ___married ___divorced ___widowed # of children _____

Spouse's name: _____

Address (if different than yours): _____ Zip _____

Father:

Name: _____

Address: _____ Zip _____

Employment: _____ Occupation: _____

Mother:

Name: _____

Address: _____ Zip _____

Employment: _____ Occupation: _____

Number of family members living in household (parents plus all dependents): _____

Number of family members in college full-time: _____ (including yourself)

Number of family members in college part-time: _____ (including yourself)

List family members in college, name of college, and amount of financial assistance received for each:
(use back of page if more space is needed)

Name: _____ College: _____ Financial assistance: \$ _____

Name: _____ College: _____ Financial assistance: \$ _____

Family's total college out of pocket expenses per year? (including applicant's expenses) \$ _____

FINANCIAL INFORMATION

List **your Federal adjusted gross income** from the **most recent tax** form **you** filed.* \$ _____
(if married, include your spouse's income)

List **your parents Federal adjusted gross income** from the **most recent** form **they** filed.* \$ _____

*The first two pages, or printout of the TeleFile of your and your parents Federal Income Tax Returns
MUST BE ATTACHED TO THE LAST PAGE OF THIS APPLICATION!

APPLICANT'S COLLEGE LIVING ARRANGEMENT

Where will applicant live while in college? On campus _____ Off campus _____ Home _____

RESOURCES

1. Applicant - College Cost Estimate for the next school year (include tuition, room/board, fees and books):

TOTAL Cost estimate for college <u>next</u> school year.	\$ _____	
Sources of payment for college expenses	<u>Cash</u>	<u>Loans</u>
1a. Parents contribution to applicant's college costs (list cash and loans).	\$ _____	\$ _____
1b. Applicant's own contribution to college costs (list cash and loans).	\$ _____	\$ _____
1c. List scholarships you have received that will be applied.		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Remaining amount to be financed (Total cost less 1a, 1b and 1c)	\$ _____	

2. Applicant Cumulative debt to date for college – list the total debt incurred to date

2a. Government Loans	\$ _____	
2b. Private Loans	\$ _____	
2c. Other: _____	\$ _____	
Total debt to date	\$ _____	

Please use this area to add any comments that you wish to make that may further explain or clarify your need for this scholarship. Include any information that classifies you as a nontraditional college student (older student, career change, career development for sole head of household, etc.)

Attach a copy of your **MOST RECENT** transcripts to the last page of this application. **NO PHOTOS, please!**

Submit copies of 2 **current letters** of recommendation (dated within the last academic year) with this application, including contact information of those signing the letter of recommendation.

By signing the statement below, I, the undersigned, swear that all the information included on this form is correct and true. Additionally, if I should be the recipient of scholarship money from the Lorain Rotary, I authorize use of my name in any publications or releases.

Signature of applicant: _____

Printed name of above signature: _____

Signature of parent: _____

Printed name of above signature: _____

Date: _____

Completed application, postmarked by the Third Friday in May of each year, should be returned to

**Lorain Rotary Memorial Scholarship Fund
c/o 4950 Oberlin Avenue
Lorain, OH 44053**

(Any questions regarding the items required on this form can be directed to:
Georgas@lorainadas.org)

PLEASE REMEMBER TO ATTACH THE REQUIRED CURRENT TRANSCRIPT, LETTERS OF RECOMMENDATION AND TAX FORMS.

This application WILL NOT be processed without all documentation including attachments and signatures!