
Last Name

First Name

Edmonds Rotary Scholarship



\$Dollars for
Scholars \$

2019/2020
Application

The ROTARY CLUB OF EDMONDS wishes to recognize and financially assist graduating seniors who plan to continue their education at an accredited Vocational, Technical, Associate, Apprenticeship Training Program, Community College, College or University. We plan to offer scholarships to students of Edmonds-Woodway, Meadowdale, and Scriber Lake High Schools. *Each scholarship has a value of \$1,250. Scholarships will be awarded to selected graduating seniors who plan to attend any of the above mentioned locations of higher learning. The scholarship is to be used during the 2019/2020 academic year.*

ELIGIBILITY

- Recommended minimum grade point average of 2.75
- U.S. Resident
- Financial need

SELECTION CRITERIA

1. Financial need
2. Obstacles overcome
3. High school, community service and volunteer activities including honors or awards received
4. Academic goals/objectives
5. Career goals/objectives
6. Review of the attachments listed below:

APPLICATION PROCEDURE

COMPLETE THIS FORM AND ATTACH IT TO:

- A copy of your most recent high school transcript.
- Two letters of recommendation, preferably one from a teacher or counselor and one from a community member.
- A typed statement by the applicant, not to exceed one page, explaining what service to your school and your community means to you.

March 4, 2019 - Applications and all attachments must be completed and submitted to your high school counselor.

DEADLINE

RECIPIENTS WILL BE NOTIFIED by May 1, 2019.

- The Scholarship Committee of the Edmonds Rotary Club will select the scholarship recipients.
- All scholarship recipients will be invited to attend an Edmonds Rotary Club meeting and lunch as guests.

NOTIFICATION

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-----ALL INFORMATION MUST BE TYPED OR NEATLY PRINTED IN BLACK INK-----

NAME _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE: _____ E-MAIL ADDRESS: _____

MALE FEMALE BIRTH DATE: _____/_____/_____

GRADUATING FROM EDM-WOODWAY HIGH SCHOOL, 2019
SOCIAL SECURITY NUMBER XXX-XX-_____ (Last 4 digits, only)

NUMBER OF BROTHERS/SISTERS LIVING AT HOME _____ ATTENDING POST SECONDARY INSTITUTIONS _____

*U.S. CITIZENSHIP: YES NO _____

**The applicant must be a U.S. resident. If not born an American citizen, please provide documentation of residency*

No official financial aid application is required; however, please select one of the following income categories. Adjusted gross income from parent's most recent tax return reported. (IRS form 1040, form 1040a, form 1040EZ)

Under \$15,000 _____	\$15,000 - \$25,000 _____	\$25,000 - \$35,000 _____
\$35,000 - \$50,000 _____	\$50,000 - \$65,000 _____	\$65,000 - \$80,000 _____
\$80,000 - \$100,000 _____	\$100,000 - \$150,000 _____	Over \$150,000 _____

Please identify the college, university, community college or vocational/technical school you plan to attend in 2019/2020.

Name of school _____

Address _____

Have you: Contacted - Yes ___ No ___, - Applied to Yes ___ No ___, - Been Accepted Yes ___ No ___

Have you, or will you, apply for financial aid to attend the above institution? YES NO

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1. **Financial need is a main criterion in the selection of scholarship winners. Please detail your financial need to continue your education.** Attach a page if desired and refer to item #1

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2. **Please describe any obstacles that you have overcome during your lifetime.** Attach a page if desired and refer to item #2

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3. **Please list the high school, community service and volunteer activities in which you have been involved and any honors and awards you have received.** Attach a page if desired and refer to item #3

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4. **Please list your academic goals and objectives.** Attach a page if desired and refer to item #5

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5. Please list your career goals and objectives. Attach a page if desired and refer to item #6

6. Please provide a typed statement, not to exceed one page, explaining what service to your school and your community means to you; and provide any other information that you consider important and relevant to this application.

Please list the name, address and phone number of each parent as applicable.

_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone

I certify that the information on the application is true and complete to the best of my knowledge.

_____	_____
Applicant's signature	Date