



Rotary Club of Penfield, NY
PO Box 28
Penfield, NY 14526-0028

APPLICANT DATA

PLEASE PRINT OR TYPE

High School: _____ Graduation Date: _____

_____	_____	_____	_____	_____
Name (last)	(first)	(initial)	Social Security Number	
_____		_____	_____	_____
Permanent Address (street)		(city)	(state)	(zip)
_____		(_____)	_____	
Date of Birth		Telephone number		
Name of Father/Guardian		Name of Mother/guardian		
_____		_____		
Father's Employer		Mothers Employer		
_____		_____		
Position Held		Position Held		
_____		_____		

Permanent mailing address of parent/guardian if different from applicant:

_____ (street) _____ (city) _____ (state) _____ (zip) (_____) (telephone number)

Name of Sibling/s	Age	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOL DATA

Name of post-secondary school for which applicant's scholarship is requested:

4-yr college/University _____ Vo-Tech _____ Community College _____ Other _____

ADDRESS: _____ (street) _____ (city) _____ (state) _____ (zip)

Student will live: On campus _____ Off campus _____ Will commute _____

Enrolled: Full time: _____ Half time: _____ Less than Half: _____

Anticipated date of graduation from post-secondary program _____ (month) _____ (year)

Major field of study applicant plans to pursue: _____

PERSONAL DATA

Describe your work experience during the past four years. Indicate dates of employment in each job, and approximate number of hours worked each week. List total amounts earned at each job.

Position Mo/Yr	Mo/Yr	Date from	Date to	Hours per week	Total amount earned

List all school activities in which you have participated during the past 4 years. (e.g., Red Cross, church work, sports, etc.) Indicate any special honors received.

Activity	Number of Years	Offices Held/Honors Received

List all community activities in which you have participated without pay during the past 4 years (e.g., Red Cross, Church work, volunteer work). Indicate any offices held or special honors received.

Activity	Number of Years	Offices held/Honors Received

Make a statement of your plans as they relate to your educational and career objectives and future goals.

**FINANCIAL INFORMATION
PROPOSED BUDGET**

Estimated Annual Costs

Estimated Annual Resources:

Tuition, Room, Board _____

Parent/Guardian Contribution

Travel, Books, Other _____

Student Contribution _____

Total \$ _____

Total \$ _____

Please list below any grants or scholarships that you either applied for or have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

Describe the circumstances that you and your family face that influence the financing of your education.

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Signature of Applicant

Signature of Parent or Guardian

Date _____

Please return this application to:

Penfield Rotary
PO Box 28
Penfield, NY 14526
Attn.: Scholarship Committee

APPLICANT APPRAISAL AND TRANSCRIPT INFORMATION

To be filled out by a high school counselor

To the counselor:

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements.

The applicant's choice of a post-secondary education program is: (Please circle applicable response)

Extremely Appropriate Very Appropriate Moderately Appropriate Inappropriate

The applicants achievements reflect his/her ability:

Extremely well Very well Moderately well Not well

The applicant's ability to set realistic and attainable goals is:

Excellent Good Fair Poor

The quantity of the applicant's commitment to school and community is:

Excellent Good Fair Poor

I know the applicant:

Extremely well Very well Moderately well Not well

Applicant ranks _____ in a class of _____.

SAT: Verbal _____ Math _____ ACT: Verbal _____ Math _____

I certify this data is from a current and official transcript.

COMMENTS: _____

Guidance Counselor Signature Date Title Phone number