



**Rotary Club of Fort Lauderdale Master Scholarship Application
Deadline-April 4, 2024**

(NO PHOTOS, PLEASE)

High School _____ Date _____

STUDENT NAME _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Parent/Guardian 1 _____ Occupation/Employer _____

Address, if different from Student: _____

Parent/Guardian 2 _____ Occupation/Employer _____

Address, if different from Student _____

Student resides with: Both Parents _____ Mother _____ Father _____ Guardian _____ Relative _____

Ages of brothers and sisters claimed as dependents on tax return _____

Ages of brothers and sisters currently in college _____

Please list your work experience by dates of employment. Attach additional sheets if necessary.

From M/Y to M/Y	Employer	Duties	Weekly Hours

Please list your extracurricular school activities (sports, clubs, etc.). Attach extra sheets if necessary.

Activity	# of Years	Avg. Hours Per Week	Offices Held

STUDENT NAME _____

Please list any honors or awards you have received. Attach extra sheets if necessary.

Honor or Award	Year	Nature of Honor or Award

Verified school community service hours. Total hours _____. List top 3 according to hours contributed. Attach extra sheets if necessary.

Community Activity	Hours	Years

Does your school have an Interact Club? _____ If so, are you a member? _____ For how long? _____

What college/university do you plan to attend? _____

Have you been accepted? Yes _____ Waiting to be accepted _____

What general field of study do you plan to pursue? _____

For which scholarships have you received or are a finalist? Attach additional sheets if necessary.

Name of Scholarship	Received or Finalist?	Term and Approximate Value

REQUIRED FINANCIAL INFORMATION (Items 1 – 7 below)

1. Approximate gross income for **all** family members \$ _____
2. Is your home **owned** by your family? Yes _____ No _____
3. Do you or your family own any rental or income properties? Yes _____ No _____ **If yes**, include appropriate income tax forms.

STUDENT NAME _____

4. Will anyone outside of the household (i.e., non-residing relative or other) provide funds for your college expenses?
Yes _____ No _____ If yes, please indicate total amount here: _____

5. Are you a participant in the Florida Prepaid College Tuition Plan for:

A) Tuition only Yes _____ No _____

B) Tuition and room and board Yes _____ No _____

6. Are you a participant in the Florida College Tuition Investment Plan? Yes _____ No _____ If yes, please state the current value here: \$ _____

7. Have you applied for Financial Aid (FAFSA) Yes _____ No _____

I understand and agree to keep the Rotary Club of Fort Lauderdale informed as to my progress through college if I am a recipient of one of its scholarships. I also agree to attend at least one Rotary Club of Fort Lauderdale meeting per year during the term of my scholarship. I certify that I have read and understand the Scholarship Application Instructions which form a part of this application. I certify that my essays were not generated by artificial intelligence and that, to the best of my knowledge, all of the statements made with regard to this scholarship application are true and correct and that false statements will automatically disqualify me from consideration.

Applicant's Signature _____ Date _____

Print Name _____

Signature of Parent or Guardian _____ Date _____

Print Name _____

Guidance Department Only-Must Complete

Weighted GPA _____ Un-weighted GPA _____ Class Placement _____

SAT (math and critical reading only) _____ or ACT _____

Verified Community Service Hours _____

List any known financial aid to be received by student:

Signature of Guidance Counselor or Verifier _____