

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

Meadowdale  
High School

# Edmonds Rotary Scholarship



\$Dollars for  
Scholars \$

2024/2025  
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 \$1,500.** 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 2025-2026 academic year.

**ELIGIBILITY**

**SELECTION CRITERIA**

**APPLICATION PROCEDURE**

**DEADLINE**

**NOTIFICATION**

- Recommended minimum grade point average of 2.75
  - Financial need
1. Financial need
  2. Obstacles overcome
  3. High school, community service and volunteer activities including honors or awards received
  4. Career goals/objectives
  5. Review of the attachments listed below:

**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 familiar with your volunteer or employment activities.
- A typed statement by the applicant, not to exceed one page, explaining what service to your school and your community has meant to you.

**March 3, 2025** - Applications and all attachments must be completed and submitted to your high school counselor.

**RECIPIENTS WILL BE NOTIFIED by April 25, 2025**

- 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.

# Edmonds Rotary Scholarship 2024-2025

-----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 MEADOWDALE HIGH SCHOOL, 2025 SOCIAL SECURITY NUMBER XXX-XX-\_\_\_\_\_  
(Last 4 digits, only)

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

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 2025-2026.

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

# **Edmonds Rotary Scholarship** 2024-2025

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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

# Edmonds Rotary Scholarship

2024-2025

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

5. Please provide a typed statement, not to exceed one page, explaining what your service to your school and your community has meant to you and provide any other information that you might consider important and relevant to our evaluation of 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