

APPLICATION FOR 2022
KIRKWOOD ROTARY CLUB SCHOLARSHIP



Complete this application and return to:

Ms. Sandy Washington
417 Delshire Place
Kirkwood, Missouri 63122
314-406-6299
dswslwash@gmail.com

► Interviews will be scheduled for Thursday, April 14, 2022.

(Scholarships decisions will be communicated to each applicant by Friday, April 22.)

► **PLEASE INDICATE TIMES AVAILABLE:**

a) _____ b) _____ c) _____

APPLICATIONS MUST BE POSTMARKED BY APRIL 8, 2022.

PERSONAL:

Full Name _____
(last) (first) (middle)

Permanent Home Address _____
(street) (city) (state) (zip)

Number of years at above address: _____ Home Phone _____ Date of birth _____

E-Mail address _____

GRADE SCHOOL/HIGH SCHOOL/COLLEGE:

Grade School Attended _____

High School or College Currently Attending _____

Grade Point Average _____ Class Rank _____

FAMILY:

Name of Parent(s) or Guardian _____ E-Mail Address _____

Address of Parent(s) or Guardian _____

Father's Occupation and Type of Work _____

Mother's Occupation and Type of Work _____

Past Sibling(s) Who Received Rotary Scholarship (If applicable) _____

In addition to the applicant, there will be _____ other immediate family members in college next year.

INCOME:

Father's Total Annual Income \$ _____

Mother's Total Annual Income \$ _____

Applicant's Total Annual Income \$ _____

Other Income from Stocks, Property, Insurance, Etc. \$ _____

DEBTS:

Debts, Other Liabilities and/or Unusual Circumstances Creating Need _____

COLLEGE OR OTHER EDUCATIONAL INSTITUTION YOU PLAN TO ATTEND:

School Selected: _____

Areas of Studies: _____

APPLICATION FOR KIRKWOOD ROTARY CLUB SCHOLARSHIP (cont.)

College Costs (annual)

Room	\$ _____
Board	\$ _____
Tuition	\$ _____
Books	\$ _____
Other	\$ _____
TOTAL	\$ _____

Other Financial Aid Promised	\$ _____
Parent's Contribution	\$ _____
Applicant's Contribution	\$ _____
TOTAL	\$ _____

WORK EXPERIENCE:

Type of Work (paid or voluntary) and Dates of Employment

SCHOOL ACTIVITIES:

COMMUNITY ACTIVITIES:

REASONS FOR APPLYING FOR A SCHOLARSHIP:

REFERENCES:

List two personal references (not related to applicant) and their addresses:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____

(Please feel free to attach additional pages with any information you think helpful or important.)

SIGNATURES:

Signed: _____ (print student's full name) _____ (student's signature) Date: _____

I have read and approved this application:

Signed: _____ (print parent's or guardian's full name) _____ (parent's or guardian's signature) Date: _____

Signed: _____ (print parent's or guardian's full name) _____ (parent's or guardian's signature) Date: _____