## APPLICATION FOR 2024 KIRKWOOD ROTARY CLUB SCHOLARSHIP

Complete this application and return by US Mail to:



Ms. Linda Ross 632 North Geyer Road Kirkwood, Missouri 63122 314-435-2246

or by email to: loveliesbylinda@yahoo.com

## PLEASE NOTE

- ► Interviews will be held on Thursday, April 11, 2024 at Greenbriar Hills CC From 3:00p – 6:00p
- ► Scholarship decisions will be communicated by Friday, April 19th.

US MAIL APPLICATIONS MUST BE POSTMARKED BY MARCH 15, 2024; EMAIL APPLICATIONS MUST BE RECEIVED BY MARCH 15, 2024.

PERSONAL: Full Name					
(last)	(firs	(first)		(middle)	
Permanent Home Address(street)		(city)	(state)	(zip)	
, and the second					
Number of years at above address:	Home Phone		Date of birth		
E-Mail address					
GRADE SCHOOL/HIGH SCHOOL:					
Grade School Attended					
High School 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/Guardian's Occupation and Type of Wor	·k				
Mother's/Guardian's Occupation and Type of Wo	ork				
Past Sibling(s) Who Received Rotary Scholarship	(If applicable)				
In addition to the applicant, there will be	other immed	diate family members	in college next year.		
INCOME: Father's/Guardian's Total Annual Income			3		
Mother's/Guardian's Total Annual Income		9	<u> </u>		
Applicant's Total Annual Income		9	8		
Other Income from Stocks, Property, Insurance, E	Etc	9	8		
<b>DEBTS:</b> Debts, Other Liabilities and/or Unusual Circumstances	Creating Need				
COLLEGE OR OTHER EDUCATIONAL INSTIT	UTION YOU PLAN	TO ATTEND:			
School Selected:					
Arong of Studios					

## APPLICATION FOR KIRKWOOD ROTARY CLUB SCHOLARSHIP (cont.)

College Costs (estimated annual)	Room	\$			
	Board	\$			
		\$			
		\$			
		\$			
		\$			
	TOTAL	Ψ	Othor Einanaial	Aid Duomisad	¢
					\$
					\$
			Applicant'		\$
WORK EXPEDIENCE				TOTAL	\$
WORK EXPERIENCE: Type of Work (paid or volunta	ary) and Dates	of Employment			
Type of Work (paid of Volume	ny) and Dates	of Employment			
	_				
SCHOOL ACTIVITIES:					
-					
COMMUNITY ACTIVITIES:					
001111111111111111111111111111111111111					
REASONS FOR APPLYING FO	D A SCHOL	ADCHID.			
REASONS FOR ALL ETING FO	K A SCHOL	AKSIIII .			
REFERENCES:					
List two personal references (r	not related to a	ipplicant) and their add	resses:		
			Name:		
			·		
City, State, Zip:			City, State, Zip:		
Phone:			Phone:		
(Please feel fi	ree to attach ac	dditional pages with an	y information you think helpfu	l or important.)	
CIONATUDEC.					
SIGNATURES:					
Signed: (print student's s				Date:	
(print student's	full name)		(student's signature)		
I have need I 1d.					
I have read and approved this	application:				
Signed:				Date	
(print parent's or gua	rdian's full nam	e) (pare	ent's or guardian's signature)		
		,			
Signed:(print parent's or gua		<del></del>		Date:	
(print parent's or gua	rdian's full nam	e) (pare	ent's or guardian's signature)		