



# Hot Springs National Park Rotary Club, Inc.

ORGANIZED JULY, 1916

P.O. BOX 909  
HOT SPRINGS NATIONAL PARK, ARKANSAS 71902

MEETS WEDNESDAY, 11:45  
ARLINGTON HOTEL

## 2019 Scholarship Application

Hot Springs National Park Rotary Club

### General instructions:

1. An applicant must reside *or currently go to school* in Garland County, AR.
2. An applicant cannot be an immediate family member (child or grandchild) of an active member of *National Park Rotary Club*.
3. A copy of your high school transcript must accompany application.
4. Submit two letters of reference with application: One from your high school counselor, principal, or teacher. The second letter from a responsible adult other than an educator or relative who knows your character, maturity, and financial need (example: employer, minister, friend of the family, etc).
5. Applicants will be judged by the *National Park Rotary Scholarship Committee*. A personal interview with the committee may be requested. *The time and date of the scholarship award is to be announced at later date.*
6. Completed application by Feb 8, 2019, with letters of reference, and transcript should be returned to the counselor OR to:

National Park Rotary  
 Attn: Scholarship Committee Chair  
 P.O. Box 909  
 Hot Springs, AR 71902

### General Information

1. Applicant's Name: \_\_\_\_\_
2. Mailing address – Street, City, State, Zip \_\_\_\_\_
- Do you reside *or go to school* in Garland County? \_\_\_\_\_ Telephone Number \_\_\_\_\_
3. Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_
4. Are any family members (parents or grandparents) active members of *National Park Rotary Club*? \_\_\_\_\_

5. Family demographics: List ALL Family Members

First and last name (Include self)	Relationship to student (Include non-custodian parents if applicable.)	Age and/or grade in school	Occupation	% of student's financial support
(Student's name)				

6. Family Income:

Under \$25,000\_\_\_ \$25,000-\$64,999\_\_\_ \$65,000-\$100,000\_\_\_ Over \$100,000\_\_\_

7. Name of High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

8. Grade Point at the time of this application: \_\_\_\_\_ Rank in Class: \_\_\_\_\_, out of \_\_\_\_\_.  
ACT Score: \_\_\_\_\_, (Please attach a copy of ACT score documentation to the application.)

9. Name and phone number of counselor you work with most often at your school.

\_\_\_\_\_

10. Name of College/University you plan to attend. \_\_\_\_\_

11. Intended Major/Minor \_\_\_\_\_

12. Approximate college cost per year: Tuition: \_\_\_\_\_, Book: \_\_\_\_\_, Fees: \_\_\_\_\_



