



LORAIN ROTARY SCHOLARSHIP APPLICATION

PERSONAL DATA

Name: _____ SSN (last 4 digits): _____

Home address: _____

Street

City

State

zip code

Telephone Number: (_____) _____ Email: _____

High School attended _____ Graduation date ____ / ____ / ____

College currently attending: _____

Bursar's address: _____

Street

City

State

zip code

Are you related to a Lorain Rotarian? ___ no ___ yes – what is your relationship? _____

(Note: Immediate family members of Lorain Rotarians - defined as spouse, children and stepchildren, are not eligible to apply.)

EDUCATION

1. Full time Student? ___ Yes ___ No
2. For the fall term what will your college grade level be? ___ Sophomore ___ Junior ___ Senior ___ Grad
(preference will be given to sophomores, juniors and seniors)
3. Number of credit hours completed: _____
4. Cumulative grade point average (minimum of 2.5 to apply): _____ (as of last transcript)
5. What degree(s) are you pursuing? _____
6. What vocation do you plan after college? _____

ACADEMIC AWARDS, SCHOLASTIC HONORS AND ACHIEVEMENTS

High School: _____

College: _____

DESCRIPTION OF EXTRA CURRICULAR ACTIVITIES, COMMUNITY SERVICE ACTIVITIES AND VOLUNTEERISM,

Description of Activity	Name of Organization	Hours per Year	Dates From - To

WORK EXPERIENCE – PAST 4 YEARS

Employer	Duties	Dates: From - To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY INFORMATION

Marital status: ___ single ___ married ___ divorced ___ widowed # of children _____

Number of family members living in parents household (parents plus all dependents): _____

Number of family members in college full-time (including yourself): _____

Number of family members in college part-time (including yourself): _____

APPLICANT’S COLLEGE LIVING ARRANGEMENT

Where will applicant live while in college? On campus _____ Off campus _____ Home _____

FINANCIAL INFORMATION

Attach a copy of the award page from your **FAFSA** report specifying the Expected Family Contribution (“EFC”)

RESOURCES

1. Applicant - College Cost Estimate for the next school year (include tuition, room/board, fees and books):

TOTAL Cost estimate for next college school year (starting in the fall). \$ _____

Sources of payment for college expenses	<u>Cash</u>	<u>Loans</u>	<u>Total</u>
1a. Parents contribution to applicant’s college costs.	\$ _____	\$ _____	\$ _____
1b. Applicant's own contribution to college costs.	\$ _____	\$ _____	\$ _____
1c. List scholarships you have received that will be applied.			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Remaining amount to be financed (Total cost less 1a, 1b and 1c) \$ _____

2. Applicant Cumulative debt to date for college – list the total debt incurred to date

- a. Government Loans \$ _____
- b. Private Loans \$ _____
- c. Other: _____ \$ _____
- Total debt to date** \$ _____

List family members in college, name of college, and amount of financial assistance received for each:
(use additional page if more space is needed)

Name: _____ College: _____ Financial assistance: \$ _____

Name: _____ College: _____ Financial assistance: \$ _____

Name: _____ College: _____ Financial assistance: \$ _____

Name: _____ College: _____ Financial assistance: \$ _____

Family's total college out of pocket expenses per year? (including applicant's expenses) \$ _____

Please use this area to add any comments that you wish to make that may further explain or clarify your need for this scholarship. Include any information that classifies you as a nontraditional college student (older student, career change, career development for sole head of household, etc.)

Attach a copy of your **ENTIRE College** transcripts to the last page of this application. **NO PHOTOS, please!**

Submit copies of 2 **current letters** of recommendation (dated within the last academic year) with this application, including contact information of those signing the letter of recommendation.

By signing the statement below, I, the undersigned, certify that I am currently enrolled as a full-time student and I intend to enroll for the current year fall term. I further certify that all the information included on this form is correct and true to the best of my knowledge. Additionally, if I should be the recipient of scholarship money from the Lorain Rotary, I authorize use of my name in any publications or releases.

Signature of applicant: _____

Printed name of above signature: _____

Date: _____

Completed application, postmarked by the Third Friday of May this year, should be returned to:

**Lorain Rotary Memorial Scholarship Fund
P.O. Box 581
Lorain, OH 44052**

Any questions regarding the items required on this form can be directed to:

lorainrotary@gmail.com

PLEASE REMEMBER TO ATTACH THE REQUIRED CURRENT TRANSCRIPT, LETTERS OF RECOMMENDATION AND FAFSA FORMS.

This application WILL NOT be processed without all documentation including attachments and signatures!