

SCHOLARSHIP INFORMATION SHEET 2018-2019 SY

The attached application applies to the following scholarship program:



▪ ROTARY CLUB OF WARREN

GENERAL SCHOLARSHIP INFORMATION/ REQUIREMENTS

- A. To be eligible, applicants must be residents of Trumbull County or enrolled in a Trumbull County School.
- B. The scholarships are granted without regard to sex, race, or creed.
- C. Considerable weight will be given to estimates of potential for success in a chosen field and financial need rather than to high school grade point average or to final class rank.
- D. The scholarship funds will be paid by the scholarship foundation directly to the school selected by the student. It will be used first for tuition and fees, and then books. Any remaining monies may be used for room, board, etc.
- E. Completed applications and the specific scholarship requirements listed below must be returned to Mr. Barry Dunaway, P.O. Box 1268, Warren, Ohio 44482 by **March 9th, 2019. The applications must be post marked by March 9th.**
- F. In addition to the application, the following must be submitted:
 1. Transcript (high school or college) showing grade average, class rank, and ACT and/or SAT scores.
 2. One (1) letter of reference from a teacher, counselor, or school administrator.
 3. Brief Essay-On a separate sheet(s), choose a personal strength and relate it to your career goal.
 - Include life experiences that have influenced your future plans. Print clearly or type essay.
 4. Most recent W-2 form of parent(s) and/or guardian(s), & self.

ROTARY CLUB OF WARREN -- Two \$1,000 scholarships will be awarded for one year. One scholarship will be awarded to a student from Warren City and one for Trumbull County combined. The scholarship may be renewable. Applicants must have a *verified learning or physical disability and show financial need*. Examples: wheelchair bound, hearing aids/cochlear implants, blind, etc. (not limited to examples).

This one-page scholarship information explanation *need not* be returned with the application.

TO THE SCHOOL COUNSELOR:

Please complete the check-off box on page one of each application.

Thank you.



| | |
|---|--|
| Must be completed by School Counselor: | |
| <input type="checkbox"/> | All blanks completed |
| <input type="checkbox"/> | Signatures completed – including yours |
| <input type="checkbox"/> | One letter of recommendation |
| <input type="checkbox"/> | W-2 forms |
| <input type="checkbox"/> | Transcript |
| <input type="checkbox"/> | Bio sketch for Woofter and Warren Rotary |
| <input type="checkbox"/> | ACT/SAT-List score _____ |
| <input type="checkbox"/> | GPA- List Rank _____ |
| <input type="checkbox"/> | Class Rank/# in class |
| <input type="checkbox"/> | Essay |

SCHOLARSHIP APPLICATION 2018-2019 SY

Please place a ✓ on the blank in front of the scholarship(s) for which you wish to be considered.

_____ Rotary Club of Warren

I. NAME: _____ SCHOOL: _____
 (Last) (First) (Middle)

II. ADDRESS: _____ PHONE: _____
 (Street)
 _____ S. S. #: ____/____/_____
 (City) Zip Code)

III. FINANCIAL NEED:

A. What school or college do you plan to attend? _____

B. What course of study do you plan to follow? _____

C. Have you applied for other financial aid? ___ yes ___ no

If you responded, "Yes," to the question above, from what source(s):

- _____ Federal Student Aid
- _____ Ohio Instructional Grant (OIG)
- _____ Bureau of Vocational Rehabilitation
- _____ Loans
- _____ Scholarship(s): Explain: _____

D. Have you received any financial aid from the above sources? ___ Yes ___ no

If yes, amount: _____

E. Are there other members of your family in college? ___ yes ___ no

F. Are other members of your family in college on scholarship? ___ yes ___ no

G. Names and ages of other children in family:

Younger than you: _____

Older than you: _____

H. Are there dependent relatives other than the immediate family? __ yes __ no

If you responded, "Yes," to this question, lists the names and extent of dependency:

I. Other pertinent information about YOURSELF that would be helpful to establish financial need: *All information provided must relate to the previous year.*

1. Job Earnings: _____ 3. Social Security Benefits: _____

2. Savings: _____ 4. Veteran's Benefits: _____

IV. If you are presently enrolled in an educational program beyond high school, please complete the following: (e.g. Post secondary options)

| School | Dates | Program of study | Grade average |
|--------|-------|------------------|---------------|
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V. SCHOOL AND NON-SCHOOL ORGANIZATION/COMMUNITY SERVICE PARTICIPATION

(To list additional activities or community service, please duplicate this form and insert into application behind this sheet).

C. Activities

| For Office Use | List school or non-school activities in which you participated <u>not cited under A or B</u> . Example: Attending an event as a representative of your school/non school organization. | Place an x under the column(s) indicating the years you participated in this activity. | For Office Use | List offices/chairperson positions held in this activity during each grade. | For Office Use |
|----------------|--|--|----------------|---|----------------|
|----------------|--|--|----------------|---|----------------|

| | Activity | 9 | 10 | 11 | 12 | | 9 | 10 | 11 | 12 | |
|--|----------|---|----|----|----|--|---|----|----|----|--|
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D. Community volunteer service.

| For Office Use | Organization sponsoring this community service activity. Example: BETA Club, Hospital. | List the community volunteer service you performed in this organized program. Example: Visited elderly; helped patients | Place an x under the column(s) indicating the years you participated in this activity. | For Office Use | List the number of hours you invested in this community service activity during each grade. | For Office Use |
|----------------|--|---|--|----------------|---|----------------|
|----------------|--|---|--|----------------|---|----------------|

| | Organization | Volunteer Service Performed | 9 | 10 | 11 | 12 | | 9 | 10 | 11 | 12 | |
|--|--------------|-----------------------------|---|----|----|----|--|-------------|-------------|-------------|-------------|--|
| | | | | | | | | No. of hrs. | No. of hrs. | No. of hrs. | No. of hrs. | |
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VI. WARREN ROTARY SCHOLARSHIP APPLICANTS ONLY.

1. Do you have a verified learning or physical disability? ____ yes ____ no

2. Please list the name of a professional who can be contacted to verify your disability:
(This may be a member of the school staff.)

Name Title/Position

Place of Employment Work Phone

Number and Street Address City State Zip

3. On a separate sheet, please type or print clearly a brief biographical sketch. Include your career goals and financial needs for college. Tell about your disability, how you have coped with it, and its effects on your education.

VII. TO BE COMPLETED BY ALL APPLICANTS:

| Parent or Guardians Name | Occupation | Approx Yearly Income** | Approx Non Taxable Income** |
|---|------------|------------------------|-----------------------------|
| | | | |
| Please include all income including: Disability, SSI and Child Support | | | |
| Disability: | SSI: | Child Support: | |

VIII. MARITAL STATUS OF PARENTS: **
(Circle One) Married – Divorced – Separated – Single – Deceased Parent(s)

IX. SIGNATURES:

_____ Signature of Parent/Guardian _____ Signature of Parent/Guardian

_____ Signature of School Counselor _____ Signature of Applicant

X. CERTIFICATION STATEMENT: I, _____, certify that the
(Parent/Guardian)
information in this application is true and accurate. I agree to provide any additional information that may be required.

*** To ensure all required information is included, please review your scholarship application packet before submitting.**

Reminder: Mr. Barry Dunaway, P.O. Box 1268, Warren, Ohio 44482

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!