



CENTREVILLE ROTARY CLUB  
CENTREVILLE, MARYLAND

**SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Directions:

1. No applications will be considered unless all items have been completed.
2. The filing of this application is accepted as certification that the statements herein are true and accurate.
3. The application must be accompanied by a transcript of your high school grades complete to date (the committee realizes that the school term may not be completed, so the most current grades will be accepted.)
4. The application must be accompanied by three (3) letters of recommendation, at least one from a member of your high school staff.

Note:

If extra space is needed to answer any questions, complete it on an additional sheet of paper indicating the question number, and attach to the application.

Purpose of Scholarship:

To provide assistance to meritorious candidates for collegiate studies who are residents of Queen Anne's County.

To the Scholarship Committee:

I, hereby making application for a scholarship from the Centreville Rotary Club, certify that all statements herein are true and accurate, and that I am a resident of Queen Anne's County.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANT DATA**

Mr.   
 Ms.

\_\_\_\_\_  
 Name (Last) (First) (Middle Initial)

\_\_\_\_\_  
 Permanent Address (Street) (City) (State) (Zip)

\_\_\_\_\_  
 Birthday (Month, Day, Year) Telephone Number (with area code)

\_\_\_\_\_  
 Name of Parent or Guardian

\_\_\_\_\_  
 Permanent Mailing Address of Parent/  
 Guardian if different from applicant (Street) (City) (State) (Zip)

\_\_\_\_\_  
 Telephone Number of Parent/Guardian (with area code)

**SCHOOL DATA**

\_\_\_\_\_  
 High School Attended Graduation Date (month, year)

\_\_\_\_\_  
 Address (Street) (City) (State) (Zip)

\_\_\_\_\_  
 Name of High School Principal Telephone Number (with area code)

\_\_\_\_\_  
 Name of Postsecondary school for which applicant's scholarship is requested  
 4-year College/University  
 Community College  
 Vo-tech  Other  
 Accredited?  Yes  No

\_\_\_\_\_  
 Address (Street) (City) (State) (Zip)

Student will:  live on campus  live off campus  commute

Enrolled:  less than half-time  half-time or more  full-time

\_\_\_\_\_  
 Anticipated date of graduation from postsecondary program (month, year)

\_\_\_\_\_  
 Major field of study applicant plans to pursue

**OTHER AWARDS**

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your work experience during the past four years. Indicate dates of employment in each job and approximate number of hours worked each week.

Employer:	Supervisor's Name:	Position:	Date from (mo/yr)	Date to (mo/yr)	Hours/week:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List all school activities in which you have participated during the past four years (e.g. student government, music, sports, etc.) List all community activities in which you have participated without pay during the past 4 years (e.g. Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity:	Years Participated	Special Awards, Honors, Offices Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Make a statement of your plans as they relate to your educational and career objectives and future goals.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT APPRAISAL (Required)**

I.D. # \_\_\_\_\_

To be completed by a high school counselor or advisor, or instructor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statement. When complete, please return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is:	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> not appropriate
The applicant's achievements reflect his/her ability:	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic attainable goals is:	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is:	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find and use learning resources:	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative:	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through and completes tasks:	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is:	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments (Do not name student)

Appraiser's Signature	Date	Title	Telephone Number
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Address (Street)	(City)	(State)	(Zip)
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**TRANSCRIPT INFORMATION**

1. High school seniors must include a high school transcript of grades and have the following section completed by the appropriate school official.

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative grade point average \_\_\_\_\_ / 4.0 scale.

PSAT Verbal \_\_\_\_\_ PSAT Math \_\_\_\_\_ SAT Verbal \_\_\_\_\_ SAT Math \_\_\_\_\_

ACT Standard English \_\_\_\_\_ ACT Math \_\_\_\_\_ SAT Written \_\_\_\_\_

School Official Signature	Date	Title	Telephone Number
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Address (Street)	(City)	(State)	(Zip)
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**EDUCATIONAL EXPENSES**

I.D. # \_\_\_\_\_

Have you been accepted by the college you expect to attend this fall semester? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of College \_\_\_\_\_

Address (Street) \_\_\_\_\_

(City) \_\_\_\_\_

(State) \_\_\_\_\_

(Zip) \_\_\_\_\_

Costs for current year: (Please estimate if actual amounts are not known)

Tuition \$ \_\_\_\_\_

Room &amp; Board \$ \_\_\_\_\_

Books \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**SHORT ESSAY QUESTIONS**

On an additional sheet of paper, in one or two paragraphs, please give:

1. Your reason for feeling that you should be considered for this scholarship.
2. Your plans to specialize in any area of study in your general program of study.

**APPLICATION CHECKLIST**

This application for student aid becomes complete and valid only when you have returned the following materials postmarked or personally delivered by April 1 (Please confirm postage necessary to ensure your application arrives by the deadline):

- Completed Application
- Current Transcript(s) of Grades
- Three Letters of Recommendation
- Short Essays
- All Required Signatures

**Please mail completed application to:**

**Centreville Rotary Club  
Scholarship Committee  
P.O. Box 533  
Centreville, MD 21617**