## 2024 CADIZ ROTARY CLUB SCHOLARSHIP APPLICATION PLEASE PRINT LEGIBLY



NAME	SEX	AGE
ADDRESS		
PHONE #EMAIL		
POST SECONDARY PLAN:		
COLLEGE/UNIVERSITY/TRADE-SCHOOL NAME	<u>:</u> :	
ESTIMATED ANNUAL COST TO ATTEND?		
PLANNED COLLEGE MAJOR OR CAREER GOAL	:	
GUARDIAN/FATHER'S NAME AND HIS OCCUP	ATION:	
GUARDIAN/MOTHER'S NAME AND HER OCCU	JPATION:	
WITH WHOM DOES THE APPLICANT LIVE:		
WHAT ASSISTANCE IS RECEIVED FROM PUBLI	C AGENCIES:	
EXPLAIN PAST OR CURRENT MILITARY SERVICE	CE OF A PARENT:	

NAMES, AGES, & GRADES (IF IN SCHOOL) OF EACH BROTHER AND SISTER:
WHAT OTHER TYPES OF FINANCIAL AID HAVE YOU APPLIED FOR?
WHAT COLLEGE/UNIVERSITY/TRADE SCHOOL HAVE YOU BEEN ACCEPTED TO:
LIST AND AWARDS, HONORS, OR EXTRACURRICULAR ACTIVITIES:
SCHOOL & COMMUNITY ACTIVITIES:
LIST TWO CHARACTER REFERENCES, ONE TEACHER AND ONE COMMUNITY MEMBER. NEITHER REFERENCE SHOULD BE RELATED TO YOU. ALSO ATTACH LETTERS OF RECOMMENDATIONS FROM EACH TO THIS APPLICATION.  1

## APPLICANTS MUST ATTACH THE FOLLOWING INFORMATION:

SCHOOL GUIDANCE REPORTS INCLUDING RANK IN CLASS

- GRADES AND GRADE POINT AVERAGE
- ACT AND/OR SAT SCORES
- HIGH SCHOOL AND COLLEGE CLASSES COMPLETED WITH GRADES

FUTURE PLANS:		
Tell us in your own words about your educational and career goals and your plans to accomplish them. What is your plan for financing your education? Why do you need this scholarship?		
You may attach a separate document for this if needed.		
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PARENT OR GUARDIAN E-MAIL ADRESS & CELL PHONE #		
APPLICANT SIGNATURE		
DATE:		

## **APPLICATIONS WILL BE DUE BY APRIL 8, 2024**

MAIL TO: Scholarship Committee – Cadiz Rotary Club, P.O. Box 735, CADIZ, KY 42211 EMAIL <a href="mailto:rotarycadiz@gmail.com">rotarycadiz@gmail.com</a> Subject Line: Scholarship (270) 522-3892