



2023
CADIZ ROTARY CLUB
SCHOLARSHIP APPLICATION
PLEASE PRINT LEGIBLY

NAME _____ SEX _____ AGE _____

ADDRESS _____

PHONE # _____ EMAIL _____

POST SECONDARY PLAN:

COLLEGE/UNIVERSITY/TRADE-SCHOOL NAME:

ESTIMATED ANNUAL COST TO ATTEND?

PLANNED COLLEGE MAJOR OR CAREER GOAL:

FATHERS NAME AND HIS OCCUPATION:

MOTHERS NAME AND HER OCCUPATION:

WITH WHOM DOES THE APPLICANT LIVE: _____

WHAT ASSISTANCE IS RECEIVED FROM PUBLIC AGENCIES:

EXPLAIN PAST OR CURRENT MILITARY SERVICE 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. _____
2. _____

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?

Include a statement as to why you need this scholarship?

You may use an attached document for this if needed.

PARENT OR GUARDIAN E-MAIL ADDRESS & CELL PHONE #

APPLICANT SIGNATURE _____

DATE: _____

APPLICATIONS WILL BE DUE BY APRIL 12th, 2023

MAIL TO: BILL STEVENS, P.O.BOX 735, CADIZ, KY. 42211

EMAIL bill@gocadiz.com (270) 522-3892

