

Please select type of scholarship your are requesting.



Rotary Club of Austin

SCHOLARSHIP APPLICATION

Please type or print all information.
You can complete this form in PDF, print it out and sign it.

_____ Date

Return the COMPLETED FORM AND ATTACHMENTS to the COUNSELING OFFICE at your SCHOOL.

Name: _____ Phone: _____ Sex: ____ Age: ____
 Last First MI

Address: _____ email _____
 Street City Zip

Schools attended _____

Elementary Middle High School

MOTHER

FATHER

GUARDIAN, if different

_____ Name _____ Name _____ Name _____

_____ Home Phone _____ Home Phone _____ Home Phone _____

_____ Street Address _____ Street Address _____ Street Address _____

_____ City, State, ZIP _____ City, State, ZIP _____ City, State, ZIP _____

_____ Place of employment _____ Place of employment _____ Place of employment _____

_____ Business Phone/Ext. _____ Business Phone/Ext. _____ Business Phone/Ext. _____

Number of children who are dependent on parent(s) financial support: _____ Ages: _____

Number of any other individuals dependent on parent(s) financial support: _____

Number of family members (other than applicant) currently attending college: _____

Describe any existing conditions that are causing unusual financial expenditures for any dependents listed above (example: illness, dental work, support of family by only one parent, etc.):

Please check approximate annual gross income (before deductions) in the home; include all sources of income **except** earnings of minors in part-time employment.

_____ Less than \$50,000 _____ \$100,001 to \$150,000
 _____ \$50,001 to \$100,000 _____ over \$150,000

Education Goals (please list in order of preference):

Schools: *College,* 1) _____ 2) _____ 3) _____
University, Technical: 1) _____ 2) _____ 3) _____
Interests or Intended
Majors

If you have been accepted at any of your preferred schools, specify: _____

Have you been awarded any scholarships thus far? _____

If yes, which schools and amounts? _____

What are your career plans after college? _____

*****You must attach your high school transcript with GPA (and class rank if available).**

*****You must attach your SAT or ACT test score report, if available.**

*****Note: If you have included the following information in another format, you need not list it here.**

Student's Employment Record (present, previous)

<u>Business</u>	<u>Type of Work</u>	<u>Hours/Week</u>	<u>Dates Worked</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Activities and Honors (please list all requested information, including the number of years involved; be specific):

Scholastic Awards (Ex. Trustee, Honor Roll, History Award)

Athletic Activities and Awards (Ex. Track Team, Volleyball Captain) _____

Other Extracurricular Activities, Awards, or Honors (Ex. Band, Eagle Scout) _____

Hobbies, Talents, or Interests not listed above: (ex. piano lessons, youth groups, volunteer work)

IMPORTANT – Please choose ONE of the topics listed below for your Essay. Your Essay should be at least one page.

1. My goals for the future and how I plan to achieve them.
2. A personal challenge which I had to overcome and how I overcame it.
3. Someone who has had a significant impact on my life and how/why.

Please submit no more than two (2) **letters of recommendation** from teachers, counselors, or other parties in support of your general qualifications and/or financial need.

I certify that all information on this application is correct:

Signature of Student

Signature of Parent or Guardian

Date

This application will be shared with the Austin Community Foundation (one of our funders).

Scholarship Awards Luncheon PHOTO CONSENT FORM

We are asking all applicants to complete this photo release so that we can take photos at the awards luncheon for those selected for scholarships.

I, _____ (student name) (the “Releasor”), a recipient of a scholarship, *if awarded*, by the Rotary Club of Austin/Austin Rotary Club Foundation, grant permission and give my consent to the **Rotary Club of Austin** (the “Releasee”) to use the following photograph(s) or electronic media images for marketing, promotion, and any and all other reasonable uses: ***Photographs taken in conjunction with the Scholarship Awards Luncheon on 2025***

Releasor’s Signature _____

Printed Name _____ Date _____

Parent’s Signature _____

(Required only if student is under 18)

Printed Name _____ Date _____

Revocation

I understand that I may revoke this authorization at any time by notifying the **Rotary Club of Austin** in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be kept as long as they are relevant and after that time destroyed or archived.

