

ESSEX ROTARY CLUB SCHOLARSHIP

This Scholarship is available to high school seniors who are residents of the town of Essex and will be continuing their education.

The Scholarship award will be no more than **\$3,000** per year, renewable annually three times over a total span of no more than five consecutive years. The maximum total award will be no more than **\$12,000**.

The factors considered in the award of this Scholarship are as follows:

- Financial Need 40%
- School Achievement & Scholastic Potential 30%
- Personal Qualities (participation in extracurricular Activities, work experience, volunteerism, hobbies, etc.) 30%

STUDENT'S NAME _____

ADDRESS _____
(Street) (Town) (Zip)

TELEPHONE NUMBER _____
(Landline) (Cell)

FATHER'S NAME & ADDRESS _____

WHERE EMPLOYED & POSITION _____

MOTHER'S NAME & ADDRESS _____

WHERE EMPLOYED & POSITION _____

NAME & AGE OF OTHER SIBLINGS AND/OR OTHERS DEPENDENT ON YOUR FAMILY FOR FINANCIAL SUPPORT:

CHOICE OF SCHOOL AND WHY:

MAJOR / FIELD OF STUDY:

EXTRA CURRICULAR ACTIVITIES (school, community, church, etc.):

SUMMER PLANS:

WHAT IS THE TOTAL FRESHMAN YEAR FINANCIAL REQUIREMENT AT THE SCHOOL OF CHOICE:

1ST choice _____ 2nd choice _____

MONEY AVAILABLE TO STUDENT TO MEET FIRST YEAR FINANCIAL REQUIREMENTS:

Student Savings	_____
Student Earnings – Summer Job	_____
Work Study at College	_____
Scholarships & Grants (list Name and Amt.) _____	_____
_____	_____
_____	_____

AMOUNT TO BE CONTRIBUTED BY PARENTS (Please include the Estimated Family Contribution (EFC) amount indicated on the front page of the FAFSA report):

EFC from FAFSA	_____
If you are the beneficiary of an educational trust, how much will that contribute:	_____
<u>Other sources:</u> _____	_____
TOTAL	_____

ARE YOU WILLING TO BORROW TO FURTHER YOU EDUCATION? _____

DID YOU APPLY FOR ANY SCHOLARSHIPS?

Source	Amount	Granted
_____	_____	_____
_____	_____	_____
_____	_____	_____

WILL ADDITIONAL FINANCIAL AID BE A PREREQUISITE TO CONTINUING YOUR EDUCATION? _____

**REFERENCES – PLEASE PROVIDE THE NAMES AND PHONE NUMBERS OF TWO PEOPLE WHO WOULD BE WILLING TO SPEAK TO A COMMITTEE MEMBER REGARDING YOUR CHARACTER AND QUALIFICATIONS
(ONE ASSOCIATED WITH THE SCHOOL AND ONE NOT ASSOCIATED WITH THE SCHOOL)**

Name: _____ **Telephone:** _____

Name: _____ **Telephone:** _____

WHY DO YOU FEEL YOU SHOULD BE GRANTED A SCHOLARSHIP – (PLEASE ANSWER IN DETAIL – ATTACH A SEPARATE SHEET TO ANSWER MORE FULLY THAN SPACE ALLOWS)

STUDENT’S SIGNATURE: _____

PARENT’S SIGNATURE: _____

All applications submitted become the property of the Rotary Club of Essex and shall be kept confidential