FLORISSANT ROTARY CLUB SCHOLARSHIP

APPLICATION

Please type and/or clearly print all information. All information contained herein is confidential and will be used only by the scholarship committee to make decisions regarding scholarship awards. If all information does not fit within the provided space please feel free to make attachments.

Student Name:	
Student contact phone number	
Student address:	
	
Date of birth:	
Name of high school currently a	ending:
Cumulative GPA:	Expected Graduation Date:
I have applied to the following a complete address:	credited College, University or Vocational School – name of school and
I have been accepted at the following	ving College or University (name of school and complete address:
What is your interest or probab	major:
Please provide the names and c	ntact information for your two references:
Name	Name:
Address	Address:
Phone:	Phone:

List all community service that you have	performed	(volunteer,	youth,	civic,	religious	or o	ther
community service related experiences)							

Activity	Responsibilities	Dates
	you have participated in while atteny other academic related recognition	ending high school (sports, music, ion you have received in high school:
List any work experience that y years:	ou had had in the past three	
Mail this application, along with	h your two letters of reference and	l official transcript to:
Rotary Club of Florissant		
1650 Shackelford Rd. #1188		
Florissant, MO 63031		

This organization does not discriminate against any person based on age, gender, race, cree, national origin or physical or mental disability.