

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ School: \_\_\_\_\_



## COMMUNITY SCHOLARSHIP APPLICATION

**SCHOLARSHIPS TO BE CONSIDERED FOR** Applicants will be considered for all scholarships; however, it would assist the review committee if you would indicate the scholarship(s) for which you are particularly qualified.

(SEE LIST)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**APPLICANT DATA**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**HIGH SCHOOL DATA**

School Name \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

**COLLEGE DATA**

Name of post-secondary school you plan to attend. If unknown, please list in order of preference where applications have been sent.

*Accepted?*

- 1) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Yes / No / Pending
- 2) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Yes / No / Pending

Intended Major \_\_\_\_\_

**Note: Not all scholarships consider financial criteria. Filling out the information below is optional, but failure to do so may disqualify you from consideration from some scholarships.**

**FAMILY DATA**

Parent/Guardian Name(s) \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address if different from applicant \_\_\_\_\_  
Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Parents' marital status: ( ) Married ( ) Separated ( ) Divorced ( ) Widow or Widower

**FINANCIAL DATA**

Father's Annual Income \$ \_\_\_\_\_ Mother's Annual Income \$ \_\_\_\_\_  
List your family's total adjusted income from their most recent federal tax return \$ \_\_\_\_\_

List other children living in your household. Give ages and colleges attending. \_\_\_\_\_

### Community Scholarship Program

A joint program of Community Foundation of Greater Rochester • Rochester Community Schools Foundation  
Rochester Kiwanis Club • Rochester Rotary Club

**SCHOOL ACTIVITIES, AWARDS, HONORS, & ACHIEVEMENTS:** Name the most significant school activities in which you have participated during the past 4 years (e.g. student government, art, music, sports, etc.) in order of importance. List special awards, honors, achievements and leadership positions held.

<i>Activity</i>	<i># Yrs.</i>	<i>Awards, Honors, Achievements</i>	<i>Leadership / Offices Held</i>

**COMMUNITY ACTIVITIES, AWARDS, HONORS, & ACHIEVEMENTS:** Name the most significant non-school activities in which you have participated during the past 4 years. List special awards, honors, achievements and leadership positions held.

<i>Activity</i>	<i># Yrs.</i>	<i>Awards, Honors, Achievements</i>	<i>Leadership / Offices Held</i>

**WORK: DESCRIBE YOUR MOST RECENT WORK EXPERIENCE.** Indicate dates of employment in each job, approximate number of hours worked each week, and amounts earned at each job.

<i>Company/Position</i>	<i>Dates</i>	<i>Hours Per Week</i>	<i>Hourly Rate</i>

**ESSAY:** Submit a personal essay (maximum one typewritten page) describing your character, aspirations, education and career objectives, and future goals. **This essay is very important in the selection process.** Identify which scholarships you think you are most qualified for and explain why. Also report (if applicable) any unusual family, personal, or financial circumstances which you think warrant consideration.

**TRANSCRIPT:** Submit a copy of your most recent transcript including MME/ACT Testing with this application

**CERTIFICATION:** *In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. This application becomes the property of the Community Scholarship Program and will be held in confidence. Essays submitted by scholarship recipients may be shared with the donor if appropriate.*

**This scholarship application becomes valid only when you have submitted a complete package on or before February 27, 2015 to your high school Counseling Office or Rochester Community Schools Foundation Office. See Application Instructions for complete details.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_