

Hillsboro High School
Application for the
Rotary Club of Hillsboro Scholarship

Criteria:

- ❖ The recipient must be enrolled or accepted as a full-time student at an accredited school pursuing a degree or a vocational certification.
- ❖ The applicant must have demonstrated qualities of good citizenship, to be supported by two letters of recommendation; such letters may be from a teacher, employer, youth group leader, clergy or other similar person knowing the student.
- ❖ Rotary Club of Hillsboro affiliation is not required and has no bearing on outcome.

Award:

- ❖ This scholarship is announced at the Hillsboro High School Honor's day
- ❖ A letter of acceptance from the recipient's college or vocational program of choice will be required
- ❖ The scholarship is to be used for books, tuition, room and board, or other school expenses

Only completed applications will be considered. A completed application includes answering the questions below and telling us about yourself.

Name of Applicant: _____

Permanent Address: _____

Permanent Telephone: _____

Parent's Name: _____

Dad's Place of Employment: _____

Mom's Place of Employment: _____

of Siblings: _____ **# of Siblings in College/Trade School:** _____

indicate school(s): _____

Adjusted gross income from last year

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This application is due at the counselor's office May 5, 2021

Rotary Club of Hillsboro Scholarship

Any unusual demands on family income? _____

List other financial aid that you will receive (scholarships, grants, etc.):

High School G.P.A. _____ High School Rank _____ SAT /ACT _____

List extra-curricular activities: _____

Community service is important to Rotary. Please list the community projects that you have participated in. (Church projects that impact the community are acceptable)

At which school have you been accepted: _____

What will be your major field of study: _____

****On an attached sheet, write a brief letter explaining why you would like to be considered for this scholarship.**

Signature of Student: _____ Date: _____

Signature of Parent or Guardian: _____

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