



Scholarship Application

Deadline: Must be emailed, postmarked, or returned to your counselor by February 1

PLEASE PRINT OR TYPE

Current Status: High School Senior Returning College Student

1. Legal Name _____
Last First Middle Maiden or Other

2. Social Security Number _____ - _____ - _____ 3. Email Address _____

4. Permanent Address _____
Street City County State Zip Code

5. Telephone Number () _____ 6. Birth Date ____/____/____

7. Family demographics: List ALL family members (including yourself)

First and last name	Relationship to student (include non-custodian parents if applicable)	Age and/or grade in school	Occupation	% of student's financial support

8. Family Income: Under \$25,000 _____ \$25,000-\$40,000 _____ \$40,001-\$60,000 _____
\$60,001-\$75,000 _____ \$75,001-\$150,000 _____ Over \$150,001 _____

9. Name of High School _____ Date of Graduation _____

10. Current High School and/or College GPA _____ (Include copy of current transcript with your application)

11. For High School Seniors: Rank in Class: _____, out of _____. ACT Score _____

12. Classification for fall semester Freshman Sophomore Junior Senior

13. College you plan to attend _____ 14. Degree/Program of Study _____

15. Approximate college cost per year: Tuition: _____ Books: _____ Fees: _____

16. List any source of tuition assistance (financial aid, scholarships, or employer assistance) that you expect to receive:

17. Employment, including homemaker/stay-at-home parent/caregiver (Hours per Week)
 Unemployed Summer employment only 0-15 hours 16-35 hours 36 +hours

18. List last 3 employment positions held and dates held (including current position):

19. List any offices and positions of leadership held (*note*: current résumé that includes this information may be attached)

20. List volunteer/community/family activities in which you have participated (*note*: current résumé that includes this information may be attached)

21. List any achievements/honors that you have received while in high school or college (*note*: current résumé that includes this information may be attached)

22. Are your parents or grandparents active members of National Park Rotary Club? No Yes, Name _____

23. Will you be a first-generation college student? No Yes

Statement of Intent

I certify that I have read and understand the guidelines contained herein. I attest that all information I have provided in this application is true.

Signature

Date

HSNP Rotary Scholarship Application Instructions

- Applicant must reside or currently attend school in Garland County, AR.
- An applicant cannot be an immediate family member (child or grandchild) of an active member of Hot Springs *National Park Rotary Club*.
- Applicants will be judged by the National Park Rotary Scholarship Committee. A personal interview with the committee may be requested. *The time and date of the scholarship award will be announced at a later date.*

In addition to the application being filled out completely, please include the following:

1. **Educational Objective/ Personal Essay** - Attach, to your application, a statement not to exceed one page in length of your educational plans, career plans, and future goals.
2. **Letters of Recommendation** - Attach two letters of recommendation: One from your high school counselor, principal, or teacher. The second from a responsible adult, other than an educator or relative, who knows your character, maturity, and financial need (example: employer, minister, friend of the family, etc.) Letters must be current and signed by the individual writing the letter.
3. **Official or Unofficial Transcript must be attached to application.** If you are currently in college, please send a copy of your college transcript(s). Otherwise, send your high school transcript or GED certificate.

Deadline: This application and all required attachments must be emailed, postmarked, or returned to your counselor by February 1. If emailed, application must have all documents in one PDF file (no shared google docs or separate emailed items accepted.)

