

Attach a copy of your official transcript to this application. Attach an extra sheet if needed for any area below.



Springerville Rotary Club
PO Box 355, Springerville, Arizona 85938

Return this completed form to the counseling office no later than, April 5th, of the current year

Scholarship Application

Personal Information

Name: _____

Address: _____

Date of Birth: M _____ D _____ Y _____ Phone # _____

Academic Achievement

Class Rank _____ out of _____ students GPA _____ ACT Composite _____ SAT: Math _____ Verbal _____ Critical Reading _____

Selected Educational Institutions:

1. _____

2. _____

3. _____

Estimated cost of attending the schools listed

1. _____

2. _____

3. _____

Planned Area of Study:

How do you plan to finance your educations?

Family Information:

Education level of Father _____ Mother _____ Occupation of Father _____ Mother _____

Has anyone else in your family applied for and received this scholarship _____ Name & Year _____

Community Service

Family & Church Service

Leadership Roles, Honors & Awards Received

Extra Curricular Activities

Employment History

Where do you see your self in 10 years?

The information in this application is true and complete to the best of my knowledge. I authorize the Scholarship Review Committee to verify the information that has been submitted.

Applicant's Signature _____ Date _____