

Rotary Club of Scott County

2024 Scholarship Application Information

The Rotary Club of Scott County is pleased to sponsor four (4) **One Thousand Dollar (\$1,000.00) scholarships toward the first, second, and third years of education or training at any accredited institution.**

- Scholarships will be awarded to one student at each high school and one to a student from a private, vocational or home school with residency in Scott County.
 - The first year's scholarship is awarded after graduation from high school.
 - The second year's scholarship is awarded upon the successful completion of the first year.
 - The third year's scholarship is awarded upon the successful completion of the second year.
 - Beginning with the second semester, transcripts are required showing the completion of the previous semester with a GPA of 2.5 or higher.
 - Applications are terminated upon completion of the third year, and individuals can apply only once.
1. The successful applicant must:
 - a. Be a graduating senior of Gate City High School, Rye Cove High School, Twin Springs High School, Vocational School, Private School or Home School residing in Scott County.
 - b. Submit an application with attachments to the *school counselor by Friday, April 26, 2024.*
 - c. Agree to perform 20 hours of community service work directly related to Rotary projects in each year in which the scholarship is received.
 - d. Be a student of excellent moral character. Submit two written references: 1) One from a school official and 2) One from a community leader or minister.
 - e. Maintain a GPA of 2.5 or higher. Submit a transcript of grades.
 - f. Submit a Federal Student Aid Form (FAFSA) Student Aid Report (SAR) –first page with EFC.
 - g. Write a one-page typewritten essay on the following topic:
"How my life experiences have contributed to who I am today and influenced my career goal."
 2. A student's financial circumstances and his/her participation in civic and community affairs will be given special consideration.
 3. The committee will not consider an application unless it is completed in every detail!
 4. The recipient will be notified by his/her graduation date.
 5. If the student is awarded the scholarship and finds he/she will be unable to continue his/her education or training, the Scholarship Committee must be notified as soon as possible in order that an alternate selection may be made.
 6. This scholarship will be paid to the school in the student's name. Consequently, if other scholarships meet the student's financial need, the extra funds will go into the school's general budget. This defeats the purpose of helping our Scott County Students. Therefore, we ask that the applicant notify the Rotary Scholarship Committee immediately when other scholarships are awarded.

For questions or assistance regarding the application, please contact: Bob McConnell, Scholarship Committee Chairman Email address: roberte@mounet.com

Or Rotary Club of Scott County, P.O. Box 728, Gate City, VA 24251

2024 Scott County Rotary Scholarship Application

Student Name: _____

High School: _____

Attach the following documents to this form, and submit to your guidance counselor by Friday, April 26, 2024.

(Checklist for Student) (For Scholarship Committee)

Attachments

Attached

- | | | | |
|--|--------------------------|--------------------------|------|
| 1. 2024 Rotary Scholarship Application Supplemental Form | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Transcript of Grades | <input type="checkbox"/> | <input type="checkbox"/> | GPA: |
| 3. FAFSA - Student Aid Report (SAR) <i>(first page with EFC)</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Essay | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Reference - School Official | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Reference - Community Leader or Minister | <input type="checkbox"/> | <input type="checkbox"/> | |

For Scholarship Committee:

Meets eligibility requirements:

Yes No Explain: _____

2024 Scott County Rotary Scholarship Application Supplemental Form

Student Name: _____ High School: _____

Mailing Address: _____ Email: _____

Phone: (C) _____ (H) _____

If additional space is needed, please use back of this page, and check this box. ☐

List colleges/universities/vocational training programs you have applied to, and indicate if you have been accepted and if you plan to attend.

College/University/Voc. Training Program	Address	Accepted	Plan to attend
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Career Goal: _____

I. List all sources of financial aid, grants, or scholarships you have applied for, and indicate if you have been awarded the aid, grant, or scholarship. (Do not include FAFSA-Student Aid report [SAR] information).

Applied For	Amount	Awarded	Applied For	Amount	Awarded
_____		<input type="checkbox"/>	_____		<input type="checkbox"/>
_____		<input type="checkbox"/>	_____		<input type="checkbox"/>
_____		<input type="checkbox"/>	_____		<input type="checkbox"/>

Check if AIMS Scholar. ☐

II. Extra-curricular Activities. List activities you are/have been involved with. Include school activities such as sports, band, clubs and church, community/volunteer activities.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. Employment Record. If you have a job, provide the following information.

Employer: _____ Job Title: _____

Average hours worked per week: _____ Dates of Employment: From: _____ To: _____

Check: ☐ Work during summer ☐ Work during school year Comments: _____

I agree to perform a minimum of 20 hours of community service in support of Rotary humanitarian efforts in the year in which I receive the Rotary Scholarship for a total of 60 hours of community service.

Student Signature _____ Date _____



**Rotary International District 7570
Photo Release Form**

I hereby grant Rotary International, Rotary Clubs of District 7570, their Rotarian members, program personnel of Rotary youth programs (including but not limited to Interact, Rotaract, RYLA and Youth Exchange), volunteers, associates and designated representatives permission to use my likeness in any and all publications, including web-sites, without payment or any other consideration.

I understand and agree that these materials will become the property of Rotary District 7570, or its program personnel, volunteers, associates and designated representatives and will not be returned.

I hereby authorize Rotary International, Rotary Clubs of District 7570, their Rotarian members, program personnel of Rotary youth programs (including but not limited to Interact, Rotaract, RYLA and Youth Exchange), volunteers, associates and designated representatives permission to edit, alter, copy, exhibit, distribute, print, publish, electronically or otherwise, the photo(s) and or video(s) for their programs, events, bulletins, newsletters, web-sites, or any other lawful purpose. In addition, I waive the right to inspect the final product, including spoken, written or electronic copy related to the use of the photographs or video's.

I hereby hold and release and forever discharge the Rotary International, Rotary Clubs of District 7570, their Rotarian members, program personnel of Rotary youth programs (including but not limited to Interact, Rotaract, RYLA and Youth Exchange), volunteers, associates and designated representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf, or on the behalf of my estate, have or may have by reason of this authorization.

(Signature)

(Date)

(Printed Name)

If the person signing above is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the forgoing on behalf of person named above.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)

(Appendix A)