



2017 ENTRY FORM **Page 1 of 3**
BAY CITY MORNING ROTARY CLUB SCHOLARSHIP PROGRAM

I, _____, will graduate this spring and plan to continue my education in college starting with the fall semester of 2017. If I am chosen as a recipient of this program, I understand that, in order to accept this award, I must attend a 2- or 4- year accredited college in the United States.

STUDENT'S HOME ADDRESS:

City	State	Zip
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Telephone _____

HIGH SCHOOL INFORMATION:

School Name

Address

City	State	Zip
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Telephone _____

Student's Signature _____ Date ____/____/____

****Principal's or Counselor's Signature:** _____

College Choice _____

City	State	Zip
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RETURN THIS FORM NO LATER THAN FRIDAY, MARCH 24, 2017
TO YOUR SCHOOL COUNSELOR OR PRINCIPAL.

****ATTACH YOUR TRANSCRIPT AND ACT OR SAT SCORES WITH THIS**
SCHOLARSHIP APPLICATION.**

OBJECTIVE CRITERIA LIST

BAY CITY MORNING ROTARY CLUB SCHOLARSHIP PROGRAM

Parts I and II of this form below are to be completed by the applicant's principal or counselor. Parts III, IV, and V are to be completed by the applicant. All three pages of this Application Form must be returned to the High School Counselor. (Please type or print legibly).

I. College entrance examination score (ACT or SAT)

Note: Please **circle** the type of examination taken.

ACT or SAT composite score: _____

II. Student's cumulative high school grade point average (GPA) *excluding* spring semester senior year: _____

III. Family information.

Total number of family members living at home: _____

Number of dependents in your parents' family including yourself:

Children _____ Ages _____

Number Attending College: _____

Other financial considerations which need to be noted:

IV. Extracurricular Activities – Organizations and Clubs: (circle years of involvement.

Also please indicate any office held). Use the back of this form for additional space if needed, or fasten an attachment.

YEAR(S)

F S J SR

F S J SR

F S J SR

F S J SR

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Honors and Awards: Use the back of this form for additional space if needed, or fasten an attachment.

YEAR(S)

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Community, Church, or Other Activities: Use the back of this form for additional space if needed, or fasten an attachment.

YEAR(S)

F S J SR
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V. Work Activities: Are you now employed? Yes _____ No _____
If yes, what type of work and how many hours per week?

Describe your other work activities (such as family farm, helping at home, family business):

In the space provided below, please describe in 75 words or less in your own words and hand-writing, why you want to be a recipient of the Bay City Morning Rotary Club scholarship. Please include the course of study or major field of interest you plan to follow, your proposed occupation or profession, and any other abilities you have that were not previously mentioned in this form.
