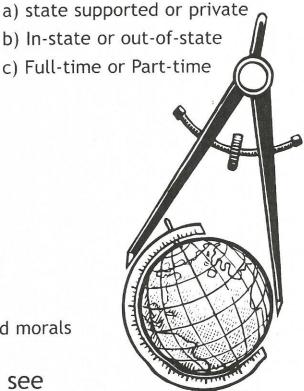
## ROTARY CLUB OF ORANGEBURG ROTARY SCHOLARSHIP

## Guidance Sheet For Scholarship Applicants

- \* Please ensure that the application is complete and accurate. Incomplete applications will not be processed.
- \* The deadline for applications is no later than May 1.
- \* Please mail the scholarship application to The Rotary Club of Orangeburg, P.O. Box 2325, Orangeburg, SC 29116-2325
- \* Criteria for selections includes:
  - \* Type of college or university
  - \* Status
  - \* SAT Scores
  - \* Total family income
  - \* Number in family
  - \* Number attending college
  - \* Family debts/special circumstances
  - \* Other scholarships
  - \* Student employment (income) Summer/Part-time
  - \* Charged with a crime or exhibiting bad morals
- \* If there are any questions, please see your counselor





## **ROTARY CLUB OF ORANGEBURG**

POST OFFICE BOX 2325 • ORANGEBURG, SC 29116-2325 • DISTRICT 7770

## **SCHOLARSHIP APPLICATION**

For the \_\_\_\_\_ Academic Year

Please attach recent photo

NCOMPLETE APPLICATIONS WILL NOT BE PROCESSED  . APPLICATION INFORMATION Date of Gradua	ation from High Sch	ool:	
STUDENTS LAST NAME FIRST N	NAME	MIDDLE INITIAL	NAME CALLED
NUMBER AND STREET OF STUDENT'S PERMANENT MAILING ADDR		4	AL SECURITY NUMBE
	ESS	STUDENT'S SOCI	AL SECURITY NUMBE
CITY STATE ZIP CODE	5.Da	te of Birth	DAY YEAR
. Are you a legal resident of the United States?   Yes	No 7. Age		
. Will you have been a resident IN Orangebயர County for tw			
Name of South Carolina college or university you plan to at Will you be attending an extension or branch of this college Will you be in the day program?E	?		Yes D N
0. Student's college classification for the school (Check one box):1.		ophomore 3. 🗖 Ju	unior 4. □ Senior
Have you previously attended a college or technical school If yes, name of institution last attended.			
2. Your residency status during last school year  □ Dormitory □ Other Campus Housing □ Maintain	own Residence or	With Parent	
3. Home Telephone Number14	14. Tentative major field of study		
. HIGH SCHOOL INFORMATION (FOR FIRST TIME APPLICANTS	S ONLY)		
. Name of School	3. SAT OR ACT s	core	
CityState			
Date		f all grades receive High School years.	ed by the
. The applicant's exact rank in his/her high school class	5. VERIFICATION		
is # of students through semester.	Ву		
20	Si	gnature of High School	Official
pecial Comments:			
pecial Comments:			

1.	Mother and Father/Parent and Stepparent	Mr. & Mrs.			
	Guardian and Grandparents	Mr. Mrs.			
			_		
	Home Address — Mother's Occupation		- City/State/Zip ————————————————————————————————————		
	Mother's Occupation Other				
			<del></del>		
2.	Earnings	•	00 /From Last Voor's W 2 Form)		
	a. Father's Earned Annual Income	\$ ———— \$	.00 (From Last Year's W-2 Form) .00 (From Last Year's W-2 Form)		
3.	Non-Taxable\$ bonds, welfare, non-taxable military pay, ministerial allo				
4.	Total income\$	00 (#2 plus #3)			
5.	Number of household members (head of household, spouse and other dependents)				
6.	Number of household members attending college at least half time				
7.	List any outstanding debts or recent expenditures that would have a bearing on your need for assistance:				
		**************************************	6		
PAR	ENT COMMENTS: (Optional) - (Attach Additions! She	ets if necessary)			
Ε.	TO BE COMPLETED BY ALL APPLICANTS  Estimate of annual cost of institution you plan to attend: (Tuition, housing, meals, expenses, etc.) \$				
1.					
2.	Savings or monies you have to be applied to the above costs: \$				
3.	Any scholarships, grants, gifts, etc, already received or expected to apply for?				
4.	Have you made application for either/or South Carolina Tuition Grant or Pell Grant?				
5.	Do you maintain a part time job? ☐ Yes ☐ No; in school? ☐ Yes ☐ No; during summer? ☐ Yes ☐ No employer?				
6.	Have you ever been charged with a crime? ☐ Yes ☐	No. Explain if yes	:		
F.	TO BE COMPLETED BY PREVIOUS RECIPIENTS OF GRANTS FROM THE ROTARY CLUB				
1.	Have you received any other grants, scholarships, gifts, etc., since your last application? ☐ Yes ☐ No				
2.	Attach a copy of all grades received by you as a colleg	e student (Required)			
l ce	rtify that the above information is accurate and comp	lete to the best of my l	knowledge.		
Date	e Completed:	Sigr	nature:		
Арр					
This	application is being made with my approval:	Siar	nature of Parent or Guardian		