

# SCHOLARSHIP APPLICATION

## Dr. Clarke T. and Ruth Case Rotary Youth Exchange School Year Scholarship Fund

**Applications are to be completed by the student and not the parents. This is an Adobe form you can fill in on your computer, print & mail or print out & hand print legibly.**

### **Ia. Student Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI mmm/dd/yyyy

Street: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
mmm/dd/yyyy

City, State, Zip: \_\_\_\_\_ Tel. no. \_\_\_\_\_

E-mail: \_\_\_\_\_ Current Employment: \_\_\_\_\_

### **Ib. Parents' Information**

Mother/ - \_\_\_\_\_ Employment: \_\_\_\_\_  
Guardian Last First MI

Father/ - \_\_\_\_\_ Employment: \_\_\_\_\_  
Guardian Last First MI

Number of family members supported by family income: \_\_\_\_\_

Number of family members in college this coming year: \_\_\_\_\_

### **II. References -**

a. Provide two references, not related to you, who can vouch for your family's financial need

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Street: \_\_\_\_\_ Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

b. Provide the name of your school and guidance counselor and their telephone no.

School Name: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Tel. no. \_\_\_\_\_

**III. Statement of Financial Need**

**Financial need is a major consideration in the evaluation of your scholarship application. Provide sufficient detail for the evaluators to assess your need. Please type/print your response to the following on a separate sheet of paper and attach.**

- a. Describe your family's financial situation and why you need the scholarship funds.
  
- b. The scholarship will pay a portion of the Youth Exchange Program cost. Explain how you and your family will finance the balance of the exchange year costs. You should explain your own contribution to the costs of your exchange year.
  
- c. Please provide any other information that you feel is pertinent to our understanding your financial need.

**IV. Agreement -**

We certify that there is a need for financial support for our son/daughter to participate in the Rotary Youth Exchange Program. We understand that all financial information will be kept confidential and non-recipient applications will be destroyed at the completion of the selection process. We agree to allow members of the Selection Committee to contact the references above. We further understand that this scholarship, if awarded, will be for only part of the costs of this exchange and that we, the student and parents are responsible for the remaining expenses. Further, it is understood that recipients are requested to make a donation to the fund at an unspecified later date when they are financially able, and the student agrees to prepare a written report of his/her experiences within 30 days of returning from the exchange year.

**Signatures -**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission Date – Submit application following District acceptance but not later than March 15**

**V. Directions -**

When completed, print, sign it and then mail to: (Be sure to make a copy for yourself)

**Linda Allen, Case Fund Facilitator, 137 Oxford Rd., Apt. B9, New Hartford, NY 13413.**

Recipients will be notified by mid-June prior to your departure. If you have any questions e-mail me at: [linda7150@outlook.com](mailto:linda7150@outlook.com)