

West Pearl Harbor Rotary Club

Return Completed Application to:
barryhirshorn@mac.com
Due: March 31, 2023



Form Fillable Scholarship Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Transcripts

Provide original transcripts from all secondary schools attended.

A brief autobiography, no longer than one page, describing:

- Academic strengths and challenges
- Work experience
- Career objectives

Describe your career goals and the steps you plan on taking in order to achieve those goals and reach various milestones along the way.

The Four-Way Test is a nonpartisan and nonsectarian ethical guide for Rotarians to use for their personal and professional relationships. The test has been translated into more than 100 languages, and Rotarians recite it at club meetings: Of the things we think, say or do

- 1. Is it the TRUTH?**
 - 2. Is it FAIR to all concerned?**
 - 3. Will it build GOODWILL and BETTER FRIENDSHIPS?**
 - 4. Will it be BENEFICIAL to all concerned?**
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Describe how these principles might apply in your life.

How do you plan to fund your further education? University/College.

How many Siblings do you have? Younger? Older?

Have any of your siblings gone to or plan to go to the university/ college? If so, how was their education funded?

Please indicate whether you qualify for free or reduced price for lunch.

None Free Lunch Program * Reduced Price Lunch Program

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a scholarship recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in the rescinding of a scholarship award.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

I understand and agree that the West Pearl Harbor Rotary Club may photograph and videotape my child for purposes of public acknowledgement of the award.

Parent's Name: _____

Date: _____

Parent Signature: _____

Thank you for completing this application form and for your interest in the West Pearl Harbor Rotary Club Scholarship.