

**WEST SALEM ROTARY CLUB
SCHOLARSHIP APPLICATION**

NAME _____

ADDRESS _____

BIRTHDAY _____ YEAR _____ G.P.A. _____

NAME OF PARENTS _____

ADDRESS _____

OTHER SIBLINGS (Names & Ages) _____

PARENT OCCUPATION/S _____

PARENT INCOME – Under \$50K _____ \$50-75 _____ \$75-100 _____ OVER \$100 _____

STUDENT SCHOOL FINANCING – From Savings _____ %

From Parents _____ %

From Others _____ %

HIGH SCHOOL ATTENDED _____

UNIVERSITY OR TRADE SCHOOL NEXT YEAR

1. _____

2. _____

WHAT IS YOUR INTENDED MAJOR _____

How would you describe yourself _____

Would you prefer to be liked or respected by your friends and fellow students? Why?

What are you most proud of in your life _____?

Please prepare a one-page document covering your community activities, future plans and goals, which should be attached to this application.

Parents or Guardian's Signature – I certify this to be true.

Please return to: West Salem Rotary Club
C/o Gene Schlabach
1130 Wallace Road NW
Salem, OR 97304