

**WEST SALEM ROTARY CLUB
SCHOLARSHIP APPLICATION**

NAME _____

ADDRESS _____

Phone _____

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