Rotary Club of West Palm Beach
“Service Above Self” Scholarship
P.O. Box 353
West Palm Beach, FL 33402
Email: wpbrotaryclub@gmail.com

SCHOLARSHIP APPLICATION INSTRUCTION FORM

The Rotary Club of West Palm Beach is proud to announce its 2023 “Service Above Self” Academic Scholarship for $2,000 which may be renewed up to four consecutive years. The scholarship is awarded to the student who best epitomizes the Rotary Club motto of “Service Above Self”

A. Eligibility Requirements
1. An applicant and their parent(s) or legal guardian(s) must reside within the city limits of West Palm Beach in zip codes 33401, 33402, 33405, 33407, 33409, 33411, 33412, or 33417. Note: Zip codes are provided for illustrative purposes only, and the scholarship recipient must reside within the city limits of West Palm Beach (see map attached).
2. All applicants must have applied to and/or been accepted for enrollment as a full-time undergraduate student at an accredited college or other approved institution in the United States. Documented proof from the institution of full-time enrollment is required.
3. All applicants must demonstrate “Service Above Self” through a history of school and/or community service.

B. PROCEDURES
1. The deadline for submitting applications is March 15, 2023.
2. Required documents:
   a. Copies of the applicant’s most recent high school transcript and applicant’s and/or parent’s/legal guardian’s projected contributions, tax forms along with the checklist on the cover of the application.
   b. Two (2) letters of recommendation attesting to the applicant’s character and community service.
   c. The applicant must complete and include the Permission to Release Information form with the application.
3. If selected, the scholarship winner may be asked to attend the Pathfinder Award Ceremony.
4. If the applicant becomes a finalist, he/she must be available for a personal interview with the Scholarship Committee before their application is considered.
5. This scholarship can be used for any educational expense (not only tuition) and receipts must be provided as verification of payment.
6. The winner must attend at least one Rotary Club of West Palm Beach meeting during the first year of having received the scholarship.

C. SCHOLARSHIP RENEWAL PROCEDURES
1. To renew the scholarship, the student must maintain a minimum B or 3.0 grade point average at his/her college.
2. Each year the scholarship is requested for renewal, transcripts must be submitted for approval.
3. The scholarship winner must attend a Rotary Club of West Palm Beach luncheon in July before the renewal year.
4. Annual renewals will be granted pending the applicant meets the eligibility requirements, and the Rotary Club of West Palm Beach determines that funds are available to meet the request. If the entire request is not available, Rotary Club of West Palm Beach will try to provide a partial scholarship.

ONLY COMPLETED APPLICATIONS WITH REQUIRED SUPPORTING DOCUMENTS WILL BE CONSIDERED
Rotary Club of West Palm Beach
“Service Above Self” Scholarship
Application Checklist

Please initial all and include this checklist with your application.

___I live within the city limits of West Palm Beach.
___I meet all of the qualifying conditions for the scholarship.
___I have attached two letters of recommendation.
___I have attached my parent(s) or guardian’s 2021 tax returns, blacking out all Social Security numbers.
___I have to the best of my knowledge filled out the form completely and honestly.
___If awarded the scholarship I will attend a meeting during the year and speak about my academic/vocational experience.

Name (please print)____________________________________________________________________

Signature____________________________________________________________________________

Date_________________________________________________________________________________

Please note to be considered as an applicant all items above must be initialed.
Rotary Club of West Palm Beach
“Service Above Self” Scholarship Application Form
P.O. Box 353 • West Palm Beach, FL 33402
Email: wpbrotaryclub@gmail.com

ONLY FULLY COMPLETED APPLICATIONS WITH REQUIRED SUPPORTING DOCUMENTS WILL BE CONSIDERED
Please note, checklist must be signed and submitted with the application

Name (Last, First, Middle) ___________________________ Date ____________

Mailing Street Address ____________________________________________

Mailing City ___________________________ State _______ Zip __________

Date of Birth ___________________________

Telephone Number (________) ________ - _______ How long have you lived in West Palm Beach?

Email Address ____________________________________________

Schools Attended Ninth through Twelfth Grade:

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<tr>
<th>School</th>
<th>Date of Entrance</th>
<th>Grades Attended</th>
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Year of Graduation ___________________________ Number of Students in Class _______ Rank in Class

Grade Point Average GPA ___________ SAT Scores (out of 1600) _______ ACT Scores (Out of 36) ___________

College Choice ___________________________________________ Date of Application

Accepted: Y / N

School Address ____________________________________________

Applicant’s Present Year in High School _______ Expected College Graduation Date _______

Major Field of Study (if known) ____________________________________________

Degrees to be Obtained ____________________________________________

List Other Financial Assistance You Have Applied for or Received:

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<th>Source</th>
<th>Amount</th>
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List your extracurricular school activities and what you gained from those activities.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Have you had any paying jobs while attending High School?  Y    N

If so please give a brief description of your responsibilities as well as hours/week worked:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

List any Rotary projects/events you have participated in.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Why did you choose the college/vocational school to which you are applying?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________
In 250 words or less, state how you have demonstrated Rotary’s motto “Service Above Self” in your life.

If your Scholarship Grant is approved, please indicate the date funds need to be available and the address where they should be mailed.
Community Service hours REQUIRED by your High School: ____________

Community Service hours SERVED: ________________________________

List your community volunteer activities and what you gained from those volunteer activities.

____________________________________________________________________
____________________________________________________________________
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____________________________________________________________________

Do you have a job? Please provide a brief description of your role and duties:  

_________________________________________  Hours per week: ____________
Academic Scholarship Applicants Please Attach Copies of Your Parent or Legal Guardian’s Tax Return(s) for 2021 and Please Black Out Social Security Numbers. Your parent’s or legal guardian’s income will not automatically preclude you from being considered for a scholarship.

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<tr>
<th>Father/Legal Guardian</th>
<th>Mother/Legal Guardian</th>
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<tbody>
<tr>
<td>Name</td>
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<td>Street Address</td>
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<td>City/State/Zip</td>
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<td>Occupation</td>
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<td>Employer</td>
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<td>Year’s with Current Employer</td>
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<tr>
<td>Salary, wages or other income</td>
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<td>Net Worth</td>
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Is Home Owned? Y / N Value Mortgage Payment Rent Payment

LIST CHILDREN (OTHER THAN APPLICANT) DEPENDENT UPON PARENTS OR LEGAL GUARDIANS FOR SUPPORT

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School Attending</th>
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Your parent’s or guardian’s income will not preclude you from getting a scholarship. If you are over 21 and have already filed your own 2020 income tax, please submit that.

PARENT OR GUARDIAN - PLEASE USE THIS SECTION TO EXPLAIN ANY PERSONAL, FINANCIAL AND/OR SPECIAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED AND MAKE ANY COMMENTS ABOUT THE APPLICANT THAT YOU THINK ARE RELEVANT TO THIS APPLICATION.
PERMISSION TO RELEASE
INFORMATION TO
THE ROTARY CLUB OF WEST PALM BEACH

To: Financial Aid Director

College/Vocational School ________________________________________________________________

City/State/Zip ________________________________

I have applied for a scholarship from the Rotary Club of West Palm Beach. All of my required documents have been submitted to the Rotary Club of West Palm Beach and my file is complete. I hereby authorize you to discuss my eligibility to receive the grant by telephone, fax, email or mail with a representative of the Rotary Club of West Palm Beach. Failure to submit this form in a timely manner may result in my being ineligible to receive a scholarship.

You may be contacted by a member representing the Rotary Club of West Palm Beach. Your support and cooperation will be appreciated.

_________________________________________________________  __________
Signature of Student          Student Name (print)          Date

_________________________________________________________  __________
Signature of Parent/Legal Guardian  Parent/Legal Guardian Name (print)  Date

Submit a copy of this signed form with your application.