

All recipients of scholarships must register as full-time students and maintain full-time student status for the duration of your scholarship. Recipients of scholarships must be legal residents of Frankfort or Franklin County, Kentucky.

PLEASE TYPE OR PRINT IN INK

1. PERSONAL INFORMATION

A. Full Legal Name					
B. Male Female Date of Birth					
C. Marital Status					
D. Phone Number					
E. Home Address					
F. Email Address					
G.Parent/Guardian(1):Occupation					
H.Parent/Guardian (2) Occupation					
I. Siblings (give name and age of those under 21):					

2. POST-SECONDARY PLANS

A. At what post- secondary institution(s) do you plan to enroll and attend?

B. What field of study or career path do you plan to pursue?

C. If you are undecided, list your preferences in order of priority

1._____2.____3.____

- D. What are your occupational plans following post- secondary training/education?
- E. If you are now enrolled in college or post-secondary training what is your major?_____.

3. HIGH SCHOOL ACADEMIC RECOGNITION and EXTRA-CURRICULAR/COMMUNITY SERVICE

A.List scholastic honors, awards, and recognitions. (Additional sheet if needed).

B. List school-related extracurricular activities and volunteer service. (Additional sheet if needed).

C. List Community Service Activities/Experiences. (Additional sheet if necessary).

D. List Job Experiences, Dates of Employment and Names/Contact Information For Employers. (Additional sheet if needed).

4. FINANCIAL INFORMATION (Estimated)

A. Income of parent(s)/guardian(s):

_____ \$80,000 and Above

_____ Between \$50,000 and \$79,000

_____ Below \$50,000

B. _____ Indicate the number of family members who will be attending post-secondary education/training during the next school year.

C. Estimated budget for first year of post- secondary education or training

Tuition:	\$
Fees:	\$
Books, materials	\$
Board or food	\$
Room or rent	\$
Other (please specify)	\$
Total	\$

D. Other Available Resources To Pay For Education/Training (Mark All that Apply)

Parents	Savings	Scholarships
Gifts	Grants	Other
Work	Loans	

E. List other scholarships for which you have applied.

5.PROVDE A TYPEWRITTEN ESSAY of 200-300 WORDS ABOUT **WHY** YOU WISH TO ATTEND COLLEGE OR VOCATIONAL/TECHNICAL TRAINING BEYOND HIGH SCHOOL AND **HOW** THIS SCHOLARSHIP WILL HELP MAKE THAT POSSIBLE (Please attach).

6.. THIS SECTION IS TO BE COMPLETED BY THE APPROPRIATE SCHOOL . OFFICIAL AFTER THE APPLICANT HAS COMPLETED PREVIOUS SECTIONS.

1. Please include applicant's most recent available grade transcript.

2. Number in applicant's graduating class and applicant's rank (if known).

3. GPA_____Scale used______

4. ACT results (Please report in standard scores)

English____Math___Science____Reading____Composite_____

5. SAT: Verbal_____ Math_____

6. Recommendations or remarks for the scholarship awards committee:

Date_____Signed_____

Name Typed_____

Title_____

7. Please list the school official to be notified if scholarship is awarded.

(NAME	(TITLE)	(ADDRESS)	
CONSENT F I hereby give my permiss publicly announce my spec also authorize the committe or organization for the purp	sion to the FRANK cial achievement if I ee to share my applica	am accepted for a Rotary tion with any interested c	TH BOARD to y Scholarship. I
Social Security Number		Student's Signature	
Date	Parent's signature if s	udent under 18 years of age	

The 2023 Deadline for the Frankfort Rotary Youth Fund Scholarship Application is Monday, May 1, 2023. Please submit completed application to your guidance department.