

SCHOLARSHIP APPLICATION
DAYBREAK ROTARY CLUB OF LAKE OZARK, MO



SERVICE ABOVE SELF

APPLICANT'S NAME:

DATE OF BIRTH: ____/____/____

MALE___ FEMALE___

PARENTS/GUARDIAN:

CONTACT INFORMATION: PHONE: ____ - ____ - _____ E-MAIL ADDRESS: _____

ADDRESS:

YEAR OF GRADUATION: _____, CLASS RANK: _____ OF _____ (CLASS SIZE)

CAREER INTEREST:

COLLEGES/UNIVERSITY'S APPLIED TO:

ACCEPTED: Y/N

Y/N

Y/N

Y/N

Y/N

COLLEGE/UNIVERSITY MAJOR FIELD OF STUDY/INTEREST:

HIGH SCHOOL INTERACT CLUB MEMBER: Y/N, IF YES, POSITIONS HELD/ACTIVITIES INVOLVED IN:
