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:

PLEASE LIST SCHOOL, CHURCH, COMMUNITY OR OTHER ACTIVITIES YOU HAVE BEEN INVOLVED WITH. (INCLUDE LEADERSHIP POSITIONS HELD.)

IN 500 WORDS OR LESS, PLEASE DESCRIBE WHAT THE PHRASE “SERVICE ABOVE SELF” MEANS TO YOU AND HOW YOU HAVE AND INTEND TO APPLY YOURSELF TO THAT MEANING IN THE FUTURE:

(PLEASE FEEL FREE TO USE ADDITIONAL PAPER)

PLEASE COMPLETE THIS FORM AND RETURN TO YOUR GUIDANCE COUNSELOR by March 20th, 2025