**2024**

**J. D. Smith Rotary Scholarship Application**

**DEADLINE April 15, 2024**

Graduation from high school is a rite of passage from childhood to adulthood; therefore, the members of the Waynesboro Rotary Club congratulate you on nearing this great accomplishment. We also thank you for applying for the J.D. Smith Rotary Scholarship. One $500 scholarship will be awarded by the Waynesboro Rotary Club. Please complete this application and return it to your guidance counselor by the deadline date. Your guidance counselor will be informed of the recipients of these scholarships and the winners will be announced on Honor’s Day.

# 1. Personal Information

Full name of applicant Nickname

High School attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of Interact? \_\_\_\_\_\_\_\_\_\_\_\_

Present home address

City State Zip

Date of birth Mobile phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2. Family Information

Mother’s name

Occupation

Street address

City, St, Zip

Phone number

Father’s name

Occupation

Street address

City, St, Zip

Phone number

Name and ages of siblings/other dependents.

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| --- | --- | --- | --- |
| Name | Relationship | Age |  |
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**3. Education**

a. What colleges have you applied to for admission? Please indicate acceptance status.

b. What course of study are you currently planning to pursue in college?

c. What future business or educational career will you likely pursue after finishing college?

e. List scholarships, grants or loans for which you have applied.

Name Amount

**4. Academic, athletic, service, and extra activities.**

a. List academic awards, achievements and dates.

b. List participation in athletic activities.

c. List participation in community service and extra-curricular activities.

**Please feel free to attach additional pages if needed.**

# 5. Transcript History

**This section is to be completed by your principal or guidance counselor**.

Ranking in senior class: of

GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_ on a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ scale

Best Combined SAT Score: Verbal Math Writing

Best ACT Score: Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of principal or guidance counselor**

**I do state the above information is accurate to the best of my knowledge.**

Signature of Applicant

Date

**Please return this completed application to your school counselor by April 15, 2024.**