

MYSTIC ROTARY CLUB SCHOLARSHIP FUND, INC.

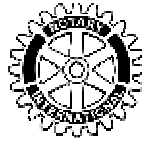
EDUCATION FINANCIAL AID APPLICATION

STUDENT'S NAME _____

The Rotary Club of Mystic Scholarship Fund is offering grants of financial aid for technical students who are pursuing advanced degrees or training in business or technical fields. Grants will be awarded to worthy young men and women who best exemplify Rotary's central theme of "Service Above Self" and who reside in the area from which Mystic Rotary Club members are drawn. Selection of awards will be based on each candidate's contributions to his or her school and community.

Applications materials must be completed and postmarked by May 1st and forward to:

Mystic Rotary Scholarship Fund, Inc.
P.O Box 153
Mystic, CT 06355



Rotary Club of Mystic, Scholarship Fund, Inc.
Post Office Box 153
Mystic, Connecticut 06355

A. Applicant Information

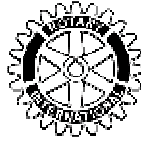
1. Name: _____
(Last) (First) (MI)
2. Address: _____
(Street) (City) (State) (Zip)
3. Telephone: Daytime: (____) _____ Evening: (____) _____ Email: _____
4. Secondary School: _____ Date of Birth: _____

What are your voluntary community activities?

What are your school extracurricular activities?

What jobs have you held during the last 3 years?

What honors and/or awards have you received?



In what area would you like to pursue additional training or education. Please be as specific as possible. Use additional sheets if you wish.

B. Post Graduation Training or Educational Plans

Programs Applied to: (Please list in order of preference)

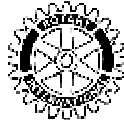
Accepted?

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Have you made a final choice? _____

What other scholarships or grants in aid have you applied for?

What scholarships or grants have you received?



B. Estimated Expenses

What are the estimated costs of the this program for you? Please be specific.

D. Family Data

Father's Name _____
Address _____
Occupation _____
Employer _____

Mother's Name _____
Address _____
Occupation _____
Employer _____

Are other children in the immediate family attending private school or institutions of higher learning? () Yes () No

If yes, please indicate the following information for each child:

Name	Relationship	Age	Institution	Family Financial Contribution
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E. References

Please provide a short written recommendation from either a teacher, advisor or an individual who you have worked with in a community or school activity.

Please provide two references, individuals who you feel are most familiar with school or community involvement. References should not be family members.

(Name) (Address) (Phone)

(Name) (Address) (Phone)

Dated at _____ this _____ day of _____ 2009

(Signature of Applicant)

(Signature of Parent or Guardian)