

### Club No 402395

District No. 549

#### P.O. BOX 2295 POSTON, ARIZONA 85371

CLUB MEETS EVERY MONDAY NOON AT THE LA PIAZZA, 801 1FH STREET, PARKER AZ

Chartered

1973

**POSTON ROTARY SCHOLARSHIP**

The Poston Rotary Scholarship was established to provide financial assistance for promising young students from La Paz County, Arizona planning to attend an accredited Arizona college or University. This scholarship will provide $3000.00 per year, for a period up to four years, for an individual to obtain their undergraduate Degree.

Once accepted as a Poston Rotary Scholarship Recipient, there are only two requirements necessary to continue

to receive the funding: Visit the Poston Rotary club two times a year (December and June) and, during each visit provide the Club with transcript(s) showing that a full course load is being maintained and a minimum 3.0 grade average. Unofficial transcripts will be accepted.

## REQUIREMENTS

In order to be considered as a potential recipient of the Poston Rotary Scholarship, the applicant must have been a full time student for at least one semester of the previous year and provide proof of, or otherwise complete, the following items and send this completed material to:

#### Poston Rotary Scholarship Committee

C/O ROTARY CLUB OF POSTON P 0. BOX 2295

POSTON, AZ 85371

## SUBMIT BY MAY 2, 2016

* + Transcripts from all high schools and any colleges attended. Note a 3.0 grade point average for all course work is required.
	+ Biographical information (form provided by Poston Rotary)
	+ A Statement of Educational Purpose. A typed educational essay, of no more than 200 words, should define your educational objectives and how these will compliment your careers goals.
	+ Outlines of school and community activities.
	+ Recommendations (form provided by Poston Rotary). At least three recommendations are required from individuals not related to the applicant. Two must come from either a college or high school instructor and one must come from someone outside the teaching profession.

**CONFIRMATION THAT ALL REQUIREMENTS ARE FULFILLED OR ANY OTHER QUESTIONS SHOULD BE DIRECTED TO MIKE CHUMLEY 928-662-4315**

# BIOGRAPHICAL INFORMATION

#### NAME: \_ HOME ADDRESS: \_ BIRTH DATE: \_ CITY STATE\_\_\_\_\_\_\_\_\_\_\_\_

#### ZIP \_\_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_\_\_\_\_\_ HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL PHONE: \_ CITY ST\_\_\_\_\_\_ZIP \_ GRADE LEVELS: HIGH SCHOOL/COLLEGE: \_

**EDUCATION:**

List all high schools and colleges attended (including your present school) with dates of attendance and graduation. If you are currently attending college, indicate the number of semester equivalent units (1 semester

unit = 12 quarter units) you completed through this past fall and the number of semester equivalent units for which you are currently enrolled.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **DATES OF** | **DATES OF** |  | **COMPLETED** |  | **COMPLETED** |
| **SCHOOL** | **LOCATION** |  | **ATTENDENCE** | **ATTENDENCE** |  | **UNITS** |  | **UNITS** |

I hereby certify that I have completed all the information called for on this application and that it is true and correct. I acknowledge that all information making up this application may be disclosed to third parties for the purpose of scholarship award consideration. If I am selected for a scholarship award, I authorize release of biographical information about myself for the use of publicity related to the scholarship program. I further agree that I will notify the Poston Rotary club promptly of any change in my major, course load, college, residence, etc., which could affect my eligibility for this award.

x \_

#### SIGNATURE DATE

**RECOMMENDATION FORM**

#### NAME OF APPLICANT: DATE: \_ RECOMMENDER (Check one): INSTRUCTOR NON INSTRUCTOR

I KNOW THE APPLICANT: THOROUGHLY FAIRLY WELL SUPERFICIALLY

The Poston Rotary Scholarship Committee would like a direct, honest, confidential statement that indicates your association with the applicant and the reasons you believe she/he would be a worthy candidate for our scholarship.

Signature of Recommender: X. \_

Recommender (type/print): \_

Mailing Address: \_

Phone: ----------- Please mail to: SCHOLARSHIP COMMITTEE

#### POSTON ROTARY

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