



**Deadline: March 1, 2017**  
**MAIL SCHOLARSHIP PACKET TO:**  
**CLEBURNE ROTARY FOUNDATION**  
**P.O. Box 1261**  
**Cleburne, Texas 76033**  
**For information call: (817) 832-8066**

LOWELL SMITH CAREER AND TECHNICAL EDUCATION  
**ROTARY SCHOLARSHIP**

**SELECTION CRITERIA:**

1. Must be an individual with a high school diploma or GED that is currently living in or working in the territory of the Cleburne Rotary Club
2. **Applicants should be individuals pursuing post high school training or certification programs NOT requiring a baccalaureate degree.** This training and program include, but are not limited to health care, law enforcement, computer science, business and fire training.
3. The recipient must use the scholarship to attend an educational institution in Texas that normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of students in attendance at the place where its educational activities are regularly carried on. This scholarship can fund a certification program such as law enforcement or fire training, education at a technical school, or a junior college.
4. Financial need is determined by consideration of annual family income
5. Consideration shall be given to good citizenship, character, reputation, moral and ethical standing drawn from a personal interview.
6. No scholarship will be awarded unless there is evidence that reasonable efforts were made to secure financial aide from additional sources.

**SCHOLARSHIP FORFEITURE: The applicant will forfeit all rights to this scholarship if any of the following occurs:**

1. **Applicant must enroll and attend the educational institution within 12 months of the award of the grant.**
2. **If applicant leaves the educational institution for one semester.**
3. **Applicant must report grades each semester and proof of enrollment for the next semester to the Rotary Treasurer**

**APPLICATION PROCEDURES:**

1. Complete the scholarship application fully and neatly
2. Enter your name on all evaluation forms
3. Distribute evaluation forms to **three (3)** people not related to you who know you well
4. Ask your evaluator to return the forms directly to the Rotary contact listed below before the deadline
5. Prepare the "Financial Fact Sheet" and turn it in with your completed application the Rotary contact before the deadline
6. Everyone **must** submit a completed copy of the family's **Income Tax** return used in preparing the "fact sheet"

**SELECTION COMMITTEE:**

The Rotary Foundation Lowell Smith Rotary Career and Technology Scholarship committee is composed of members of the Rotary Foundation Board

**SCHOLARSHIP AWARD:**

The scholarship award is \$3000 paid over a two year period to the institution providing the certification /training program in the name of the recipient.

The recipient must provide grades at the end of each semester to the Rotary Foundation Board for review

**SCHOLARSHIP APPLICATION**  
**LOWELL SMITH CAREER AND TECHNOLOGY SCHOLARSHIP**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

PERMANENT PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ ALTERNATE E-MAIL: \_\_\_\_\_

High School Graduate                       GED recipient                       Current High School Senior

APPLICANT'S EMPLOYER: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FATHER'S EMPLOYER: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

MOTHER'S PHONE: \_\_\_\_\_ MOTHER'S EMPLOYER: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SPOUSE'S PHONE: \_\_\_\_\_ SPOUSE'S EMPLOYER: \_\_\_\_\_

**BROTHERS AND SISTERS DEPENDENT ON PARENTS**

AGE	NAME	NAME OF SCHOOL/COLLEGE

**CHILDREN DEPENDENT ON APPLICANT FOR SUPPORT**

AGE	NAME	NAME OF SCHOOL/COLLEGE

EDUCATIONAL INSTITUTION YOU PLAN TO ATTEND:  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION/TRAINING OR MAJOR FIELD OF STUDY YOU PLAN TO PERSUE:**

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**FINANCIAL AID:**

Please check all that apply:

- met with high school counselor regarding financial guidance
- met with college/ technical school regarding attaining financial aid
- completed FSFA (Federal Student Financial Aid Application)
- Applied for other scholarships and grants

Please list: \_\_\_\_\_  
\_\_\_\_\_

Please mark all that apply:

I have been notified of my FSFA status: Type of Award: \_\_\_\_\_ Amount : \_\_\_\_\_

I have received additional financial aide

Type of Award: _____	Amount: _____
Type of Award: _____	Amount: _____
Type of Award: _____	Amount: _____
Type of Award: _____	Amount: _____

**WILL YOU WORK WHILE GOING TO SCHOOL?**  Yes  No

**PAST WORK EXPERIENCE:**

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**DESCRIBE ANY UNUSUAL FINANCIAL CIRCUMSTANCES OR ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE COMMITTEE TO KNOW**

**HIGH SCHOOL ATTENDED:** \_\_\_\_\_

**LIST HIGH SCHOOL HONORS, AWARDS OR COMMUNITY INVOLVEMENT ACTIVITIES**

# FINANCIAL FACTS

***Applicant must attach proof that they have applied for Financial Aide through Federal Programs***

Student's name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student's Marital Status:     single             married             separated             divorced

Have you enclosed your most recent income tax return?

If you are dependent on your parent/parents for support complete Section A.

If you are independent from the support of your parent/parents complete Section B.

## Section A:

Total number of exemptions: \_\_\_\_\_

Adjusted Gross income: \$ \_\_\_\_\_

Income tax paid \$ \_\_\_\_\_

Income earned from work by father \$ \_\_\_\_\_

Income earned from work by mother \$ \_\_\_\_\_

Parent's marital status:  unmarried     married             separated             divorced             widowed

Parent's number of family members \_\_\_\_\_

Parent's number in college: \_\_\_\_\_

Parent's child support received: \$ \_\_\_\_\_

Parent's other untaxed income and benefits: \$ \_\_\_\_\_

What is the age of the older parent? \_\_\_\_\_

Parent's cash, savings, and checking \$ \_\_\_\_\_

Parent's real estate and investment value (other than home) \$ \_\_\_\_\_

Parent's real estate and investment (other than debt) \$ \_\_\_\_\_

Parent's business value: \$ \_\_\_\_\_ Parent's business debt: \$ \_\_\_\_\_

## Section B:

Total number of exemptions: \_\_\_\_\_

Adjusted Gross income: \$ \_\_\_\_\_

Income tax paid \$ \_\_\_\_\_

Income earned from work by spouse \$ \_\_\_\_\_

Income earned from work by applicant \$ \_\_\_\_\_

Number of dependent children \_\_\_\_\_

Child support received: \$ \_\_\_\_\_

Student's other untaxed income and benefits: \$ \_\_\_\_\_

What is the age of the older parent? \_\_\_\_\_

Student's cash, savings, and checking \$ \_\_\_\_\_

Student's real estate and investment value (other than home) \$ \_\_\_\_\_

Student's real estate and investment (other than debt) \$ \_\_\_\_\_

Student's business value: \$ \_\_\_\_\_ Student's business debt: \$ \_\_\_\_\_

**DEADLINE: March 1, 2017**

**CONFIDENTIAL EVALUATION FORM**

Name of Student: \_\_\_\_\_

Relationship with the applicant

Teacher       Counselor       Administrator       Employer       Family Friend

Name of Reference: \_\_\_\_\_

Title /Occupation \_\_\_\_\_

School/ Organization \_\_\_\_\_

Business Address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please rate the applicant with respect to each trait listed below by writing 1 through 6 on the line to indicate relative standing among other students with whom you have had contact

1...Ranks with the very best students (top 5%)

2...Superior (top 10%)

3...Outstanding (top 25%)

4...Above Average (top 40%)

5...Average

6...Below average

x...No opportunity to observe

\_\_\_\_\_ Academic record and achievement

\_\_\_\_\_ Initiative and motivation

\_\_\_\_\_ Leadership

\_\_\_\_\_ Integrity, honesty, dependability

\_\_\_\_\_ Involvement in school and community activities

\_\_\_\_\_ Potential contribution to society

\_\_\_\_\_ Interpersonal relations

\_\_\_\_\_ Communication skills- written and oral

\_\_\_\_\_ Likelihood to succeed in college

**RETURN TO:**

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