

**DUBLIN CITY SCHOOL RESIDENT
LOCAL SCHOLARSHIP PROGRAM
APPLICATION
2016-2017 YEAR**

Directions: Please type or print.

NAME OF SCHOLARSHIP: _____

Student Name: _____

Street Address: _____

City, State, and Zip: _____

Home Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Attached in order, the following information to this application and submit to:

**Sarah Ott by no later than
Wednesday, March 1, 2017 at 3:00 p.m.**

- **Financial Need Information Form:** (next page)
- **Resume:** (one page only) should include activities (clubs, athletics, community service, employment), honors/awards, leadership roles, career goals, educational plans (include name of college to plan to attend and major)
- **Personal Statement**
- **Official Transcript**
- **Sarah Ott, Dublin A.M. Rotary:** saraott777@gmail.com

(over)

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**STUDENT'S
NAME** _____

1. Mother's Employer _____

Father's Employer _____

2. Have you filed for financial aid by submitting: Yes No
 • Free Application for Federal Student Aid (FAFSA)?

 • **CSS/FINANCIAL** PROFILE? Yes No

3. As of this date have you been awarded any financial assistance? Yes No
 (If yes, please state the award and total value)

 • Total Value \$ _____

4. What are your anticipated costs for your first year of college?

 • Tuition \$ _____

 • Room and Board \$ _____

 • Expenses \$ _____

5. List each child in your family and his or her age. Please **circle** the names of any sisters or brothers who will be in college next year.

NAME

AGE

6. How much money are you **and/or your family** planning to contribute to your first year college costs? \$ _____

7. Please explain any special financial need circumstances that you would like the scholarship committee to consider. **If applicable, please attached another page to explain.**

(Please Complete Both Sides: Application and Financial Need Form)