
Vocational/Technical Scholarship Application/Grant
\$1000

Name: _____

Address: _____

Telephone: _____ Email Address: _____

Parent's Name(s): _____

Career Goals: _____

School and Program Selected or Description and/or Tools Needed: _____

Accepted: _____ Yes _____ No Date Program Begins _____

Length of time required to complete entire program: _____ Years _____ Months

Estimated cost of annual tuition or program term (include material costs) _____

Brief description of the program; include a list of any tools which are needed. _____

Certification/certificate/license etc. which will be received upon successful completion of program: _____

Date(s) attended, name of institutions and any degrees held or anticipated (include High School):

Special interests, scholastic standing, honors, student activities or community activities, etc.: _____

On a separate sheet, please explain why you feel you should receive this W.S. Rotary Scholarship. Attach 3 pertinent references or recommendations from people not related to you.

The decision of the Committee is final

Please return by March 31, 2017 to P.O. BOX 66 West Springfield, MA 01090