

Received by: _____

Date Received: _____

High School Performing Arts Scholarship Application

Date of Application: ____/____/____
Mo. Day Year

Email Address: _____

Cell Phone #: _____

Name: _____
First Middle Last

Home Address: _____
Number and Street (Include Apt. Number, if any)

City State Zip Code

Number of years you have lived at this address _____

Date of Birth: ____/____/____ Male ___ Female ___ U.S. Citizen? Yes ___ No ___

If yes; Social Security # _____ - _____ - _____ If No what is your US residency status _____

Date you became a resident of Florida: ____/____/____ Of Palm Beach County: ____/____/____

Name of the high school you are now attending: _____

Name and email of high school guidance counselor or Rotary Mentor _____

Anticipated date of High School Graduation: _____ Un-Weighted GPA: _____
Weighted GPA: _____

List in order of preference the three colleges, universities, or vocational schools
you would like to attend.

1. _____ Applied: Yes No Accepted: Yes No
2. _____ Applied: Yes No Accepted: Yes No
3. _____ Applied: Yes No Accepted: Yes No

How did you hear about the Rotary Club of Boca Raton Scholarship? _____

Application must include letter of reference from a teacher, counselor or mentor who can attest to your personal situation. Teacher___Counselor___Mentor___ Name_____ (Check one)

Are you currently working and do you plan to work while attending classes in College? If YES, please explain how many hours per week/month you plan to work.

Please write a short summary on your most rewarding Community Service experience.

Please list the community service organizations or clubs that you are currently a member and how many hours do you volunteer to each organization per month. Monthly Volunteer Hours

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Please list all honors and awards in High School.

_____	_____
_____	_____
_____	_____
_____	_____

Please describe your most memorable performance or artistic endeavor.

What resources do you have available to pay for your college expenses?

Florida Prepaid Plan _____ College Saving Account _____

Parental or other family support _____ Grants _____

Florida Bright Futures _____

Other/Scholarships, please describe _____

Family/Financial Information Father's Name: _____ Age: _____

Home address: _____

Occupation: _____

Employer: _____

Current Salary: _____

Work Phone #: _____

Mother's Name: _____ Age: _____

Home address: _____

Occupation: _____

Employer: _____

Current Salary: _____

Work Phone #: _____

Step-Parent or Guardian Name: _____ Age: _____

Home address: _____

Occupation: _____

Employer: _____

Current Salary: _____

Work Phone #: _____

List all brothers, sisters, step-brothers and step-sisters, their ages, and are they dependent* on the family for support:

Name	Relationship	Age	Dependent on Family
_____	_____	_____	Yes ___ No
_____	_____	_____	Yes ___ No
_____	_____	_____	Yes ___ No
_____	_____	_____	Yes ___ No
_____	_____	_____	Yes ___ No ___

* To be considered a "Dependent on Family," individuals must be receiving more than half their support from the head of household.

Volunteer Affiliations

If you have participated in any of the following activities and organizations, please explain briefly in the space below:

The Rotary Club of Boca Raton Future Stars Performing Arts Competition _____

PROPEL _____





American Association of Caregiving Youth _____

Interact _____

Rotaract _____

Rotary Youth Leadership Assembly (RYLA) _____

Additional required information that MUST be submitted with your application:

-  1. Please submit with your application a 350 word essay describing a major challenge in your life and how you overcame that challenge to accomplish your personal goals.
-  2. Applicant must submit an original High School or College transcript.
-  3. Please submit a resume summarizing your performing or artistic achievements and training
-  4. Applicant must submit a copy of your parents most recent U.S. Income Tax Return.

Authorization & Verifications

I certify that the information in this application is true and accurate to the best of my knowledge. I hereby give permission for this information to be released to members of the Scholarship Committee of the Rotary Club of Boca.

I understand that all information is confidential and subject to verification and that falsification of information will result in termination of any scholarships granted.

I agree to the above.

Print Name

Date

Signature of Applicant

**RETURN TO: Rotary Club of Boca Raton
 P.O. Box 272651
 Boca Raton, FL 33486**

All applications must be submitted by: March 31, 2024