

Received by:	
Date Received:	

High School Scholarship Application Rotary Club of Boca Raton Performing Arts Scholarship

Date of Applic	ation:/	Em	nail Address:			
	Web. Buy rear	Ce	ell Phone #:			
Name:						
First		Middle		Last		
Home Address						
	Number and Street (Include Apt. Number, i	if any)			
	City	Stat	te	Zip Code		
lumber of yea	irs you have lived a	t this address:				
Date of Birth:		MaleF	emale	U.S. Citizen?	YesNo	
If No, what is y	your US residency s	tatus				
Name of the H	ligh School you are	now attending:				
Name and em	ail address of your	Guidance Counseld	or or Rotary Mentor:			
Date of High S	chool Graduation:		Un-weighted G	PA	Weighted GPA	
SAT: Verbal	Math	Writing	_ ACT: Composite	e	Class Rank:	of
List in order of	f preference the th	ree colleges, unive	rsities, or vocational	schools you w	ould like to attend.	
1			Applied:	Yes No	Accepted:	
			Applied Applied		Accepted: \ Accepted: Yes	

performing arts):
Applicant plans to live: on campusoff campuscommute from homeunknown at this time
How did you hear about the Rotary Club of Boca Raton Performing Arts Scholarship?
Application must include letter of reference from a teacher, counselor, coach or mentor. TeacherCounselorMentor Name (Check one and attach letter)
Did you work in high school? If YES, please explain your work experience, number of hours and job description.
Are you currently working and do you plan to work while attending classes in College? If YES, please explain how man hours per week/month you plan to work.
Please write a short summary on your most rewarding Community Service experience.
What was your Total number of Community Service hours during High School?
Please list the community service organizations and clubs that you are currently a member of and how many hours you commit to each organization per month. Monthly Volunteer Hours 1.
2
3
Please describe your most memorable performance or artistic endeavor.

Anticipated major or area of study (to be eligible for this scholarship, you must be pursuing study in the fine arts or the

hat resources do you have available to pay	y for your college expenses	?		
orida Prepaid Plan	College Saving A	ccount		
arental or other family support		Grants_		
orida Bright Futures				
ther Scholarships				
ther, please describe				
	Family/Financial Informa	ation		
ather's Name:				Age:
Home address:				
Occupation:		Employer		
Current Salary:		Work Pho	ne #:	
lother's Name:				Age:
Home address:		- 1		<u></u>
Occupation:				
Current Salary:		work Pho	ne #:	
tep-Parent or Guardian Name:				Age:
Home address:				
Occupation:				
Current Salary:		Work Pho	ne #:	
Stall back and Standard back and de-	and the second second			the food for a
ist all brothers, sisters, step-brothers and st	ep-sisters, their ages, and .	are they dep	endent" on	the family for supp
ame	Relationship	Age	Depei	ndent on Family
			Yes	No
			Yes	No
			Yes	No
			Yes	N I 🕳
				No No

Prior Rotary Program Participation

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

	ca Raton Future Stars Performing Arts Competition (include years you auditioned, years you were a s you received)
Interact	
Rotary Youth Leadersh	nip Awards (RYLA)
Additional required	information that MUST be submitted with your application:
	it with your application a <u>350 word essay</u> describing a challenge in your life and how you that challenge to accomplish your personal goals.
🗖 2. Applicant m	ust submit an <u>original High School or College transcript</u>
🗖 3. Please subn	nit a resume summarizing your performing or artistic achievements and training
🗇 4. Applicant m	ust submit a copy of your parents' most recent U.S. Income Tax Return (Form 1040 only).
	Authorization & Verifications
permission for this in I understand that all i	mation in this application is true and accurate to the best of my knowledge. I hereby give formation to be released to members of the Scholarship Committee of the Rotary Club of Boca. nformation is confidential and subject to verification and that falsification of information will of any scholarships granted.
I agree to the above.	
Print Name	Date
Signature of Applican	t
RETURN TO:	Boca Raton Rotary Fund
	P.O. Box 272651 Boca Raton, FL 33486
All applications n	nust be submitted by: April 29, 2024