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| **Image result for lawrenceburg tn rotary clubTechnology Center Scholarship Application 2020** |
| Applicant Information |
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| **Applicant Full Name:** |  |

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| **Mailing Address**: |  |  |  |
|  | Street or PO Box  | City State  |  Zip |

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| **E-mail:** |  | **Cell Phone #:** |  |

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| **Applicant lives with:** (check one)  |[ ]   Both Parents  |[ ]   Father |[ ]   Mother |[ ]   Guardian |[ ]   Self  |[ ]   Partner |

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| **High School Attended**: |  | **GPA:** |  | **ACT Score:** |  |
| **School you want to attend**: |  | **Degree you want to pursue:** |  |
|   |

 **In the space below, please list any clubs, sports, and outside activities (such as church) you participated in during high school. Please list how many years you have participated.** *(please use back or attach separate page if needed)* |
| **In the space below, write what you want to accomplish in life and how attending a Technology Center will help.***(please use back or attach separate page if needed)***In the space below, please tell us about your work experience.** *(please use back or attach separate page if needed)*This is to certify that I have known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for at least one semester. From this association, I certify that he/she is of good moral character. I further testify that the applicant has shown a definite interest in furthering his/her education and would be deserving of this award.

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| **Guidance Counselor**: |  |

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| **Please attach:**  |
| 1. Your parents’ IRS 1040 form from last year or yours if self-supporting.
2. Your Transcript.
3. Your recommendation letter(s) from teacher or clergy.

 [ ]  **I agree to come to the May 1, 2020 Rotary meeting to thank the Rotary Club if I receive this scholarship.** |
| **Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_ /\_\_\_\_\_\_ / \_\_\_\_\_\_ |
| **Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_ /\_\_\_\_\_\_ / \_\_\_\_\_\_ |
| (This form must be turned into the guidance office no later than March 27, 2020.) |