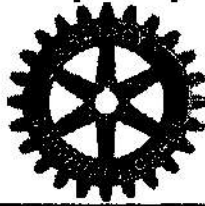


# DeWitt Rotary Club Scholarship Application



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## PERSONAL DATA *(please include photo)*

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Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male  Female

US Citizen:  Yes  No

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Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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## FINANCIAL NEED

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Please indicate your family's **adjusted gross income** from last year's tax return:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> under \$15,000       | <input type="checkbox"/> \$25,000 to \$30,000 | <input type="checkbox"/> \$35,000 to \$50,000 |
| <input type="checkbox"/> \$15,000 to \$25,000 | <input type="checkbox"/> \$30,000 to \$35,000 | <input type="checkbox"/> over \$50,000        |

Number of dependents in your parents' family including yourself: \_\_\_\_\_

# of Children: \_\_\_\_\_ Ages: \_\_\_\_\_ # attending College: \_\_\_\_\_

Other financial considerations which need to be noted: \_\_\_\_\_

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