

**SWARTHMORE ROTARY AND WOMEN'S CLUB SCHOLARSHIP  
APPLICANT  
PERSONAL INFORMATION**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

PARENT(S) or GUARDIAN(S) \_\_\_\_\_  
\_\_\_\_\_

I AM LIVING WITH \_\_\_\_\_

PARENT(S) or GUARDIAN(S) OCCUPATIONS \_\_\_\_\_  
\_\_\_\_\_

**SISTERS AND/OR BROTHERS**

Number of Sisters \_\_\_\_\_ Ages \_\_\_\_\_

Number of Brothers \_\_\_\_\_ Ages \_\_\_\_\_

If you have already committed to attend a specific college/university, please provide the name of the institution \_\_\_\_\_

If not, where do you hope to attend college/university? (list up to 3)

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

GUIDANCE COUNSELOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

## **ACCEPTING RESPONSIBILITY**

Please read carefully and acknowledge your understanding of the statements of this agreement.

I certify that all the information submitted is correct to the best of my knowledge.

I agree that general information about me may be released by the Swarthmore Rotary Club for the purpose of media publicity.

I acknowledge that the submission of this application is and was my sole responsibility.

I authorize the school or its employees to release any necessary information for this application.

I understand that the information submitted is confidential, and thus will be used only by the Swarthmore Rotary and Women's Club Scholarship Award Committee, and that it cannot be returned.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT(S) or GUARDIAN(S)**

Please read carefully and acknowledge your understanding of the statements of this agreement.

I (We) have given permission to our son/daughter to collect all the necessary information for this award application to be submitted to The Swarthmore Rotary Club.

I (We) have reviewed all the information of this application and acknowledge it to be correct.

I (We) authorize the school or its employees to release any information necessary for this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_