OFFICIAL APPLICATION

Rotary Club of Dearborn
Harry A. Sisson Memorial Scholarship Award
for
Graduating Seniors of Dearborn
Public & Private High Schools

This application can be prepared using Adobe Reader – See page 8 of this application for specific instructions.

PERSONAL DATA

Name:
Last __________________________ First __________________________ Middle Initial___

Address:
Street & Number __________________________ City ___________ Zip _______
Telephone: home_________ Cell_________ Date of Birth:_________
Email address: ________________________________

Parents or legal guardians:
Father’s name: ________________________________
Home Telephone : (if different from above) __________________________
Address: (if different from above)
Street & Number __________________________ City ___________ Zip

Mother’s name: ________________________________
Home Telephone : (if different from above) __________________________
Street & Number __________________________ City ___________ Zip

Name of High School: ________________________________
Expected date of graduation: ____________________
Why do you want this scholarship?
Describe your leadership and organizational experience in school and the community.

a. Leadership in school:

b. Organizational experience in school
c. Leadership in community

d. Organizational experience in community (space for up to 500 words)
Student Academic Achievement:

List your grade point average and describe your academic strengths and weaknesses and your career plans. An explanation of the relationship of these items with your college choice would be appropriate.

a. Grade Point Average: __________ ACT score: ___________ SAT score:

b. Academic strength

c. Academic weaknesses

d. Relationship to college choice

Student Desire for a Life of High Ethical Standards:

Describe your perception of a “Life of high ethical standards” and your method of achieving your goal.

Perception:
Method:

Extra space:
REQUIRED SIGNATURES

Student Applicant Signature ______________________________

Recommended by: ______________________________________

High School Principal’s Signature __________________________

High School Counselor’s Signature __________________________

PERSONAL REFERENCES

Please enclose 2 letters of recommendation. Identify the relationship of the person making the recommendation:

1. ______________________________________________________

2. ______________________________________________________

APPLICATION DEADLINE

Postmarked no later than January 20, 2020

Mail completed & signed application, Official School Transcript, and 2 letters of recommendation to:

Rotary Club of Dearborn/Sisson
P.O. Box 2347
Dearborn, MI 48123
www.DearbornRotary.org
*Please note, the winner will be invited to an evening celebration in April to receive appropriate recognition.\[3.4]

Adobe PDF specific instructions
1. Click the “Fill and Sign” selection in the top bar of Adobe Reader.
   Click “Add Text” selection.
2. Click on the area you wish to enter information and a text box will appear.
3. Enter your information in the text box. Be sure to move the text box to the proper position if your text is obstructed in any way.
4. Print the completed application using the “File” button.