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. Reference Name: ________________________ Relationship ________________________
2. Reference Name: ________________________ Relationship ________________________

APPLICATION DEADLINE

Postmarked no later than January 31, 2022

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 May to receive appropriate recognition.*

**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.