

2024 REQUIREMENTS FOR ELIGIBILITY

EAST LANSING ROTARY FOUNDATION JOE GROSS MEMORIAL SCHOLARSHIP

To be eligible to receive Scholarship funds from the East Lansing Rotary Foundation's "Joe Gross Memorial Scholarship" program, the applicant must meet each of the following criteria:

- 1. An applicant must be accepted, or in the process of being accepted as a full-time student at an accredited College or University in the United States.
- 2. The applicant must demonstrate evidence of School/Community or General/Community involvement, coupled with a financial need and/or high scholastic achievement.
- 3. The applicant must not be related to any active member of the Rotary Club of East Lansing.
- 4. The applicant must remain in the College/University as a full-time student during the period covered by the Scholarship and, if requested, tender proof of such status in a form acceptable to the Trustees of the Foundation.
- 5. The applicant must be a Senior student at East Lansing High School.

Scholarship Fund Information:

- The 2024 Scholarship Awards may vary between \$1,000 and \$3,000
- The Scholarship award will be a one-time distribution.
- The application deadline is April 19th, 2024 with the Scholarship recipient(s) being announced by May 24th, 2024.
- The recipient must be accepted at an accredited U.S. College or University before the cash award will be presented.
- The award will be made payable jointly to the Scholarship recipient and the College or University the recipient will be attending.



2024 APPLICATION FOR SCHOLARSHIP AWARD

EAST LANSING ROTARY FOUNDATION - JOE GROSS MEMORIAL SCHOLARSHIP

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| 1. NAME: | | | | | | | |
|--|---------------|--|--|--|--|--|--|
| 2. RESIDENCE STREET ADDRESS: | | | | | | | |
| 3. CITY, STATE, ZIP CODE: | | | | | | | |
| . HOME PHONE NUMBER: EMAIL ADDRESS: | | | | | | | |
| | | | | | | | |
| 5. NAME & CITY OF COLLEGE/UNIVERSITY TO WHICH YOU HAVE APPLIED OR PLAN TO ATTEND: | | | | | | | |
| | | | | | | | |
| 6. PLANNED MAJOR: | | | | | | | |
| 7. LIST YOUR GPA FOR GRADES 10 - 12 TO DATE: | | | | | | | |
| | | | | | | | |
| 8. SAT SCORES: MATH: EBRW: TOTAL SCORE: | | | | | | | |
| 9. ACT SCORE: | | | | | | | |
| 40 LICT THE COLLOOL AND OD CENEDAL COMMUNITY PROJECTS AND ACTIVITIES IN MULICILIVOL | | | | | | | |
| 10. LIST THE SCHOOL AND/OR GENERAL COMMUNITY PROJECTS AND ACTIVITIES IN WHICH YOU HAVE PARTICIPATED: | | | | | | | |
| HAVE PARTICIPATED: | | | | | | | |
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| | | | | | | | |
| 11. FATHER'S NAME: | | | | | | | |
| 11A. FATHER'S OCCUPATION: | | | | | | | |
| 12. MOTHER'S NAME: | | | | | | | |
| 12A. MOTHER'S OCCUPATION: | | | | | | | |
| 13. NAMES AND AGES OF SIBLINGS: | | | | | | | |
| NAME: AGE: | | | | | | | |
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| NAME: AGE: | | | | | | | |
| | | | | | | | |
| NAME: AGE: | | | | | | | |
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| NAME: AGE: | | | | | | | |
| 14. NUMBER OF SIBLINGS PLANNING TO ATTEND COLLEGE IN THE COMING YEAR: | | | | | | | |
| | | | | | | | |
| 15. NUMBER OF SIBLINGS RECEIVING SCHOLARSHIP AID IN THE COMING YEAR: | | | | | | | |
| IF SO, PLEASE DESCRIBE SCHOLARSHIP DETAILS: | $\overline{}$ | | | | | | |
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| | | | | | | | |
| 16. DO YOU PLAN TO WORK PART-TIME OR FULL-TIME WHILE ATTENDING COLLEGE? | | | | | | | |
| IF SO, PLEASE PROVIDE DETAILS IF AVAILABLE: | | | | | | | |
| | \Box | | | | | | |
| | | | | | | | |
| 17. WHAT ARE YOUR ESTIMATED EXPENSES FOR COLLEGE IN YOUR UPCOMING YEAR? | | | | | | | |
| TUITION: ROOM & BOARD: FEES: | | | | | | | |



2024 APPLICATION FOR SCHOLARSHIP AWARD

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| | VILL YOU BE RECEIVING ANY AID SUC | H AS SCHO | 7 | • | | | |
|---|--|-----------------|----------------|--------------------|--------------------------|--|--|
| T | HE UPCOMING COLLEGE YEAR? | | IF YES | , PLEASE DESCRIB | E THE AID: | | |
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| | | | | | | | |
| | VHAT ARE YOUR CAREER PLANS, IF K | | | | | | |
| Р | PLEASE STATE THE REASONS YOU HAVE DECIDED TO PURSUE THE ABOVE CAREER: | | | | | | |
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| | ESCRIBE THE IMPACT YOU HAVE MA | | | • | MMUNITY SERVICE | | |
| Α | ND THE IMPACT PROVIDING THAT S | ERVICE HAS | S HAD ON YO | U: | | | |
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| | | | | | | | |
| | LEASE GIVE US THE REASONS WHY Y | | PLYING FOR | THIS SCHOLARSHI | P AND WHY YOU | | |
| В | ELIEVE YOU ARE A QUALIFIED RECIP | IENT. | | | | | |
| | You can complete this yourse | elf or have a s | School or Com | munity Service Org | anization staff person | | |
| | complete this for you. Yo | ou can also ir | nclude one let | ter of recommenda | tion from a School | | |
| | representative and one from a Community representative if you so wish to do so. | | | | | | |
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| | PLEASE INCLUDE THE FLEC | TRONIC SIG | SNATURE OR | THE EMAIL ADDR | RESS OF A REFERRING ELHS | | |
| | | | | | OR THIS SCHOLARSHIP: | | |
| | NAME | LIVIDLIK IIII | TITLE | WENDING 10010 | EMAIL | | |
| | INAIVIE | | 111122 | | LIVIALE | | |
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| | I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND I AUTHORIZE THE TRUSTEES OF | | | | | | |
| | THE EAST LANSING ROTARY FOUNDATION, AND/OR THEIR REPRESENTATIVES TO VERIFY ITS ACCURACY. | | | | | | |
| | APPLICANT NA | ME_ | | | <u>DATE</u> | | |
| | | | | | | | |

EMAIL A COMPLETED APPLICATION BY APRIL 19th, 2024 TO:

elrotary.scholar@gmail.com

[IMPORTANT NOTE: ONLY EMAIL SUBMISSIONS WILL BE ACCEPTED]