



Rotary Club of Macomb Scholarship Fund

Return to Regional Office of Education 26
130 S. Lafayette, Suite 200
Macomb, IL 61455

APPLICATIONS MUST BE TYPED.
NO APPLICATIONS WILL BE CONSIDERED AFTER THE DUE DATE
RETURN TO ROE26 BY JUNE 3, 2024

Due to the nature of this being a blind scholarship, the demographics on the first page will only be used to contact the winner of the scholarship and not in the process of choosing a winner from the pool of applicants.

Date: _____
Name: _____
Address: _____
City, State, and Zip: _____
Phone Number: _____
Place of Birth: _____ Date of Birth: _____

1. Family - Parents/Guardians and Siblings

Names of parents and relationships of other persons residing in the home (ages of brothers and sisters, if any)

Names	Relationship	Ages

Occupation(s) of Parent(s)/Guardian(s):

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Continue on the next page

2. Education - High School(s) Attended

Type of School	Name of School and Complete Mailing Address	Number of Years Attended
Current High School		
Previous High School Attended		
Previous High School Attended		

3. Extra-Curricular Activities and Year(s):

Please list any and all extra curricular activities you participated in and the years have you participated.

4. Community Activities and Year(s):

Please list and and all community activities you participated in and the years you have participated.

5. Hobbies:

Continue on the next page

6. Employment

List any employment you have or have had:

Name of Employer (Company): _____

Dates of employment:

From: _____ To: _____

Name of Employer (Company): _____

Dates of employment:

From: _____ To: _____

Name of Employer (Company): _____

Dates of employment:

From: _____ To: _____

7. College or University You Desire to Attend

This scholarship will only be awarded if you attend Western Illinois University or Spoon River College.

College/University	Course of Study	Profession/Occupation

8. Grade Point Average: _____

9. Anticipated Expenses for the School Year

Expenses	
Tuition and Fees	
Room and Board	
Books/Supplies	
Travel	
Clothing/Laundry	
Other	
TOTAL	

10. Can you defray any part of these costs and expenses? __ Yes __ No

If yes, please state source and approximate amount of such funds. If no, please state reason.

Continue on the next page

11. Provide a statement as to why you feel you have a financial need for this scholarship.

(Limited to space below.)

Signature:

Date:
