

Beaver Rotary Club Scholarship Program

GUIDELINES

Welcome to the Beaver Rotary Club Scholarship Program for high school seniors. This program will award two scholarships of \$1,00 each to two candidates (one attending college/university and one attending a trade school) to be chosen by our Scholarship Committee. Below you will find a list of requirements and rules. Failure to adhere to the rules or furnish the application requirements will disqualify the submitted application.

Criteria of Eligibility:

- Applicant must be a high school senior who will be attending college/trade school. The applicant must have been accepted or is applying to a college/trade school.
- Applicants must be currently attending high school in the Beaver Area School District.

Application Requirements:

- Complete the application form. All questions must be answered.
 - 1. Please provide full address including zip code.
 - 2. Must be signed by both student and parent/guardian.
- Letter of recommendation from one or more teachers, school administrator, work supervisor, minister, etc. Each letter must be in a sealed envelope with the signature of the person recommending the student across the seal.
- A 300 words or less typewritten essay "What do you see as a challenge in the world today or in Beaver County and what have you done, or would you do to create a solution?"
- Official high school transcript covering your freshman year up through your most recent senior semester. Each transcript must be in a sealed envelope with the signature of a counselor/administrator across the seal.

APPLICATION MUST BE RECEIVED BY Sunday, APRIL 19, 2024 TO ASSURE CONSIDERATION.

Please return this completed application to

Mirko Loncar at 446 3rd Street, Beaver, PA 15009 or email to m.loncar123@gmail.com.

Questions can be directed to



Beaver Rotary Club Scholarship Program

APPLICATION FORM

(This application may be duplicated for multiple students)

Full Name:			4
Address:	(First)	(Middle Initial)	(Last)
(City)		(State)	(Zip)
Telephone Number	rs:(Home)		(Cell)
E-mail Address:			
		:	
School Activities (a	attached extra sheets	as needed):	
Community Service	e Activities (attached	d extra sheets as needed):	
Special Awards, Ad	chievements, and Ex	tra Curricular Activities (attached ex	xtra sheets as needed):
Planned Field of St	udy:	Degree Sought:	
Colleges Accepted	and planning to Atte	nd:	
Scholarships Receiv	ved and Accepted (p	lease include % of total tuition):	
Student Signature: _			Date:

Please return this completed application to

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LETTER OF RECOMMENDATION REQUEST FORM

Applicant's Name:			
	(First)	(Middle Initial)	(Last)

The individual named above is applying for a college scholarship that will be awarded to the individual who best exemplifies the Rotary ideals of service above self. The scholarship will be awarded for the current academic year.

On a separate sheet, please provide a one-page letter of recommendation stating the reasons why you feel the applicant should or should not be awarded this scholarship. Indicate how long you have known the applicant and in what capacity. Please type or print clearly. Your comments regarding the attributes of the applicant will be useful to the committee members in their decision-making process and will be kept strictly confidential.

Please send your letter of recommendation to:

Beaver Rotary Club Scholarship c/o Mirko Loncar 446 Third Street Beaver, PA 15009

MATERIALS MUST BE RECEIVED BY Sunday, APRIL 19, 2024 TO ASSURE CONSIDERATION OF THIS APPLICANT.

Please return this completed application to

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TRANSCRIPT TRANSMITTAL FORM

Applicant's Name					
	(First)	(Middle Initial)	(Last)		
Scholarships will be av	varded for the	to be considered for a Beaver Rotary Clu e academic year beginning fall of the curre enced by a transcript is a key criterion for	ent school year. Strong		
AL		IALS MUST BE RECEIVED B LINE DATE (APRIL 19, 2024			
TO ENSURE THE CONSIDERATION OF THIS APPLICANT.					
	Pare	ent/Guardian Permission Statement			
I hereby give permission named above to the Bea	on for Beaver aver Rotary C	Area High School to release the transcripulation.	t of grades for the applicant		
Name of Parent/Guardi	an:	(Please Print)			
		(Please Print)			
Signature of Parent/G	uardian:		Date:		
Transmittal Statement					
I hereby certify that the and that this student is i	attached is a na good standi	true and actual copy of the transcript of the ng with the Beaver Area School District.	ne applicant named above		
Name of School Offic	ial	(Please Print)			
Title:			30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Signature of School O	fficial:		Date:		

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