



## **Rotary Club of Peoria-North Rotaract Scholarship Criteria**

1. The applicant must be a member of a Rotary Club of Peoria-North sponsored Rotaract Club.
2. As many as six one-time awards may be granted. Preference will be given to students who permanently reside in Peoria County.
3. All materials must be submitted to the Rotary Office by March 31 at midnight.
4. Only complete applications will be considered.



## Rotary Club of Peoria-North Rotaract Scholarship

### Applicant Cover Page

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

*For office use only:*

Date application received: \_\_\_\_\_

By: \_\_\_\_\_



## Rotary Club of Peoria-North Rotaract Scholarship Application

Date \_\_\_\_\_

Number of Years in Rotaract \_\_\_\_\_ Sponsoring Club \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

College or University \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Undergraduate Status \_\_\_\_\_ Graduate Student Y \_\_\_\_\_ N \_\_\_\_\_

First Bachelor's Degree Y \_\_\_\_\_ N \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rotaract Advisor's Name \_\_\_\_\_

E-mail address \_\_\_\_\_

Overall G.P.A. (attach transcript) \_\_\_\_\_

ACT and/or SAT Composite Score is OPTIONAL \_\_\_\_\_

*For office use only:*

Applicant Number: \_\_\_\_\_

1. List all school and community service activities you have participate in during the past two years. Include participation dates.

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2. List all leadership roles you have held in the past two years. Include dates.

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3. List the recognition and awards you have received.

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4. List your employment experiences. Include jobs with or without pay.

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5. What are your hobbies and/or special interests?

6. What does being a member of a Rotaract Club mean to you?

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**Please include all required documents with this application.** Do not staple any parts.

Please distribute the two required recommendation forms to the appropriate people. Upon completion, please have them return the forms, no later than March 31 at midnight to:

The Rotary Club of Peoria-North  
Rotaract Scholarship  
P.O. Box 9062, Peoria, IL 61612-9062  
or e-mail to [office@peorianorthrotary.org](mailto:office@peorianorthrotary.org)



## Rotary Club of Peoria-North Rotaract Scholarship

### Faculty Recommendation

Please limit to one page. Remarks will be held in strictest confidence

Date \_\_\_\_\_

Rotaract Advisor Name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant Name \_\_\_\_\_

1. In your opinion why is the applicant a worthy candidate for this scholarship? Comment on the applicant's integrity, service, and leadership.

2. Are there any other remarks that you wish to make to enhance this student's candidacy?

Signature \_\_\_\_\_

Please return this form by March 31 at midnight to:  
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Rotaract Scholarship  
PO Box 9062, Peoria, IL 61612-9062  
or e-mail to [office@peorianorthrotary.org](mailto:office@peorianorthrotary.org)



## Rotary Club of Peoria-North Rotaract Scholarship

### Character Reference

Please limit to one page. Remarks will be held in strictest confidence

Date \_\_\_\_\_

Reference Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant Name \_\_\_\_\_

In your opinion what qualities or character traits has the candidate demonstrated that would make him/her worthy of this scholarship? Use only the space provided.

Signature \_\_\_\_\_

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Rotaract Scholarship  
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or e-mail to [office@peorianorthrotary.org](mailto:office@peorianorthrotary.org)