

GLEN ROCK SECONDARY SCHOOLS

Guidance Department
400 Hamilton Avenue
Glen Rock, New Jersey 07452
(201) 445-7700 ext. 8918

LOCAL SCHOLARSHIP SINGLE APPLICATION

(Please PRINT and complete ALL sections)

PERSONAL DATA:

Student Name: _____ Phone #: _____

Address: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Father/Guardian Employer: _____

Address: _____

Position Held: _____

Mother/Guardian Employer: _____

Address: _____

Position Held: _____

STUDENT INFORMATION:

What are your summer employment plans? Please list type of job and employer:

EDUCATIONAL PLANS:

Indicate college or other program you plan to attend after high school: _____

Planned academic major: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What do you feel has been the ONE most important service or contribution you have made to Glen Rock High School?

2. Why is involvement in school activities important to the success of a student and to the school?

I hereby authorize the Guidance Department of Glen Rock High School to release my transcript file to the Glen Rock Scholarship Committee and its authorized representatives and to allow them unlimited access to my high school academic record. I am aware that my transcript file consists of a record of grades, PSAT/SAT I/SAT II /ACT/AP test scores, a student activity resume, letters of recommendation and a school profile. I also understand that to be awarded a scholarship I must adhere to the stated criteria and regulations of each scholarship. My signature below indicates that I have read the above information and that all information I have provided is accurate to the best of my knowledge.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

**ROTARY CLUB APPLICATIONS ARE DUE TO
MRS. DAVITT IN THE GUIDANCE OFFICE BY
Friday, March 30, 2018 AT 2:00 P.M.
NO LATE APPLICATIONS WILL BE ACCEPTED OR CONSIDERED.**