



*Irving Kleinman
Memorial Scholarship*

ROCHELLE PARK ROTARY CLUB
C/O 151 W. PASSAIC ST.
ROCHELLE PARK, N.J. 07662

NAME _____ DATE OF BIRTH _____

ADDRESS _____ TELEPHONE _____

FATHER'S NAME _____ MOTHER'S NAME _____

ADDRESS _____

OCCUPATIONS _____

EMPLOYER _____

****PLEASE ATTACH A COPY OF PARENTS OR GUARDIANS PRIOR YEAR IRS RETURN

LIST BELOW ALL SIBLINGS LIVING AT HOME:

<u>NAME</u>	<u>AGE</u>	<u>GRADE</u>	<u>OCCUPATION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****PLEASE NOTE: ATTACH A TRANSCRIPT - WITHOUT A TRANSCRIPT THERE WILL BE NO CONSIDERATION

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LIST BELOW ALL AWARDS, HONORS, ACTIVITIES (INCLUDE SPORTS, OUTSIDE ACTIVITIES) YOU ARE INVOLVED IN.

FRESHMAN _____

_____ Grade Avg. _____

SOPHOMORE _____

_____ Grade Avg. _____

JUNIOR _____

_____ Grade Avg _____

SENIOR _____

_____ Grade Avg _____

IF NEEDED, ATTACH EXTRA SHEETS FOR ABOVE INFORMATION.

LIST SCHOLARSHIPS FOR WHICH YOU HAVE APPLIED:

HAVE YOU BEEN AWARDED ANY SCHOLARSHIPS? _____

IF SO, LIST NAMES AND AMOUNTS _____

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HAVE YOU CONSIDERED AN AREA OF STUDY IN WHICH TO MAJOR?

IF SO, EXPLAIN WHY _____

LIST COLLEGES OR UNIVERSITIES TO WHICH YOU HAVE APPLIED:

IN ORDER OF PREFERENCE, LIST THREE COLLEGES FROM ABOVE:

NAME _____ NAME _____

YEARLY TUITION _____

ROOM AND BOARD _____

OTHER FEES _____

NAME _____

YEARLY TUITION _____

ROOM AND BOARD _____

OTHER FEES _____

IF YOU HAVE BEEN ACCEPTED AND ARE PLANNING TO ATTEND THE COLLEGE OF YOUR CHOICE, PLEASE NAME:

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WORK EXPERIENCE:	POSITION	EMPLOYER
FRESHMAN	_____	_____
SOPHOMORE	_____	_____
JUNIOR	_____	_____
SENIOR	_____	_____

EXPLAIN ANY SPECIAL CIRCUMSTANCES THAT THE COMMITTEE SHOULD TAKE INTO CONSIDERATION WHEN REVIEWING YOUR APPLICATION:

ON A SEPARATE SHEET OF PAPER, TELL US ABOUT YOURSELF. INCLUDE SUCH THINGS AS INTERESTS, SPECIAL TALENTS, EDUCATIONAL OBJECTIVES, MAJOR GOALS, FAMILY LIFE OR ANYTHING ELSE YOU FEEL MAY BE OF SPECIAL INTEREST TO US.

THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____