

NOTE: This form can be filled electronically by using ADOBE:

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APPLICATIONCampbell River Daybreak Rotary Service Scholarships

INSTRUCTIONS:

- Awards are based on service contributions and school commitment aligned with Rotary's motto of "Service above self". This is a 'service award'.
- Applicants are to complete all questions and attach a letter of reference from a teacher or community member, a recent transcript, and an essay.
- Completed applications must be either <u>given to counsellors or emailed to</u> sstcowan@shaw.ca by 2:00 p.m. Monday, April 8, 2024.
- Candidates will be short listed and some will be contacted for a ZOOM or in-person interview.
- After decisions are made, successful candidates will be invited to attend a Daybreak Rotary meeting in June 2022 to be introduced to club members.

. NAME	LAST NAME	First Name	Middle Name	
ADDRESS _				
		Postal Code		
PHONE _		Birth Date Mon	<u>/</u> th Day Year	
E-MAIL			. ,	
Best means	of contact (eg. cell phone/text/email)			
EDUCATIONA	AL PLANS			
a) Name of Ir	nstitution.			
b) Location	of Institution			
c) Intended f	field(s) of study			
d) Potential	Career Goal			

3. COURSE TRANSCRIPT GRADES 10, 11, 12 (<u>Please Attach</u>---available from school secretary)
*This is primarily a 'service scholarship'. The transcript provides our committee with a sense of the types of courses you have chosen and your achievement.

4. V	VORK EXPERIENCE			
		TWO		
5. A	CTIVITIES (athletic, cultural, other) DURING PAS Team, Club, or Activity	ST <u>TWO</u>		Year (s)
	realli, Club, Or Activity		Noie	rear (s)
6. S	ERVICE ACTIVITIES (school <i>and</i> community) DUF	RING PAS	T <u>TWO</u> YEARS	
	Activity or Group		Role	<u>Year</u>
Write	SSAY (200 to 300 words) an essay that describes your experience(s) in a volume "Service above Self". Describe your role.	ntary scho	ool or community activity that	reflects the Rotar
•	Share what you have learned about yourself and	d/or others	as a result of your involvement.	
8. L	ETTER(S) OF REFERENCE from a teacher and/or cor	nmunity m	ember must be attached.	
	I hereby declare that the information provided is t	o the best	of my knowledge factual and	accurate.
Date	/	Signa	ture of Applicant	
⊔ate	Month Day Year	Signa	ture of Applicant	