

CADIZ ROTARY CLUB

Need-Based Education Grants

General Requirements for Applicants:

1. In order to comply with our mission to support youth and senior citizens, the applicants age must be 24 or under **OR** 55 or older.
2. Applicant must be attending an accredited higher education institution or an accredited vocational/technical training program.
3. A minimum 2.0 GPA is required.
4. Applicant **must** be able to provide financial information to show actual need for assistance.
5. Personal interviews of applicants will be conducted by the Cadiz Rotary Club Need Based Education Committee.
6. Applicant must be a resident of Trigg County.

Guidelines:

1. Applications must be completed and turned in by June 16.
2. Grants are paid directly to the post-secondary institution.
3. Essay must be hand-written by the applicant.
4. Letters of recommendation must be submitted with application.
5. Student Aid Report (SAR) must be included with application.
6. Grants are awarded in the sole discretion of the Cadiz Rotary Club based upon these general requirements & guidelines. Cadiz Rotary Club reserves the right to change the General Requirements & Guidelines for any future grant funding cycle.
7. The Cadiz Rotary Club and its Need-Based Education Committee do not discriminate on the basis of race, color, national origin, age, religion, marital status, sex, or disability.

**CADIZ ROTARY CLUB
NEED BASED EDUCATIONAL GRANT**

Name _____ Sex _____ Age _____

Home Address _____ Phone: _____

Cell Phone Number _____ Email Address: _____

POST-SECONDARY PLAN

What college, university, vocational or technical school do you plan to attend? Please indicate if you have already been accepted?

Estimated Yearly Cost of Education: _____

Planned Major and/or Career Goal: _____

FINANCIAL NEED

Father's Full Name: _____ Living _____ Deceased _____

Occupation & Where Employed: _____

Mother's Full Name: _____ Living _____ Deceased _____

Occupation & Where Employed: _____

Brother(s) & Sister(s) Names (Under Age 18):

With Whom Does Applicant Live? _____

Applicant's Contribution to Family Income: _____
Applicant's Employer _____

Financial Assistance Received: (financial aid, other scholarships,
public agencies, etc.)

**Please attach copy of last year's tax forms or other
documentation showing financial need. (This must be a legal
document).**

**Applicant should attach a statement in his or her own
handwriting on "Why I need this grant".**

**Awards, Honors, School & Community Activities, and
Extracurricular Activities:**

**List 2 Character References: (A teacher & a community
leader. Neither reference should be related to applicant. Also
include letters of recommendation from each.)**

1.

2.

***Don't forget to include the following:**

- 1. Hand-written essay on "Why I need this grant".**
 - 2. 2 Letters of Recommendation**
 - 3. Proof of Financial Need (SAR Report, Income Tax Return, W-2 Forms)**
 - 4. Proof of GPA**
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To the best of my ability, I certify that all provided information within this grant application is true.

Signature _____ **Date:** _____

Return your completed application to WKDZ/WHVO, P. O. Box 1900, Cadiz, KY 42211.
