



**Rotary Club of  
Hickory**

# Service Above Self College Scholarship Application

## How to Qualify

The Thursday Rotary Club of Hickory **Service Above Self (SAS) College Scholarship** is designed to recognize and reward both your scholarship and the service that you have contributed to your school, workplace and community.

The scholarship awards up to one **\$12,000** scholarship to a Hickory Career & Arts Magnet (HCAM) High School senior to be used for up to four years of college. To qualify for a **SAS Scholarship**, you are required to:

- demonstrate consistent service to others;
- lead by example;
- be in the top 20 percent of your HCAM senior class at time of application; and,
- exhibit financial need.

During scholarship interviews, you will be evaluated on traditional scholarship standards such as grades, overall grade point average and class rank. **What sets the SAS College Scholarship apart from many others is that you must clearly demonstrate how you serve your school, workplace and community.**

## How to Apply

To apply for the **Service Above Self College Scholarship** you must complete all five application sections and submit them **by 4:00 PM Friday March 15, 2019**. On line submissions may be made to [serviceaboveself2016@gmail.com](mailto:serviceaboveself2016@gmail.com). Also, the application may be submitted in person to Raeanne Kummer, Counselor, HCAM. All parts of the application must be submitted together at the same time.

The application includes:

1. **Application Form**
2. **Statement of Service**
3. **Financial Information**
4. **Two Letters of Recommendation**
5. **High School Transcript**

All parts of the application must be submitted together. Failure to follow application instructions or the absence of any part of the application disqualifies you as an applicant.



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# Application Form

Use the spaces below for your responses. Should you need it, you may attach one additional page to the Application Form.

**1) Full Name:** \_\_\_\_\_

**2) Address** \_\_\_\_\_

**3) Telephone: Cell** \_\_\_\_\_ **Home** \_\_\_\_\_

**4) Email address:** \_\_\_\_\_

**5) Social Security Number (last 4 digits only):** \_\_\_\_\_

**6) Name of Parent(s) or Guardian(s):** \_\_\_\_\_

**7) List the school clubs you have been a part of in the last three years, offices held, and service activities that you performed.**

Club	Offices Held	Service Activities You Performed	Years Participating

**8) List the external (outside of school) organizations (such as faith-based, YMCA, camp, etc.) you have been a part of in the last three years, offices held, and service activities that you performed.**

Organization	Offices Held	Service Activities You Performed	Years Participating

9) List your work experience over the last three years, including the average number of hours worked per week.

Employer	Responsibilities	Paid or Volunteer	Average Hours per Week	Years

10) What honors or special recognitions have you received in the last three years?

11) What career or career areas are you pursuing? \_\_\_\_\_  
\_\_\_\_\_

12) List the colleges, universities and other institutions to which you have applied and indicate whether or not you have been accepted.

Educational Institution	Accepted	Pending	Declined
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13) Have you committed to one of the institutions listed?

Yes: Please name the institution below

No

14) Signatures:

By our signature below, we confirm that all the information contained in all sections of this application is accurate and current.

If selected for further consideration for this scholarship, I will be available for an interview with representatives of the Rotary Club of Hickory after school on **Wednesday May 1, 2019**.

If chosen to receive the **Service Above Self College Scholarship**, I will be available to attend the Rotary Club of Hickory on **Thursday, May 16, 2019** at noon to accept the award. Also, I agree to allow the Rotary Club of Hickory to publicize my name and photograph in public media and on the club's website.

Signature of the applicant: \_\_\_\_\_ Date

Signature(s) of the Parent(s) or Guardian(s):  
 \_\_\_\_\_ Date

\_\_\_\_\_  
 Print Name

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Date

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Print Name



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# Statement of Service

**In the space below, please write a statement telling us how the service activities in school, the workplace and community that you listed earlier have influenced your dedication to service and why. Show how you have involved others in service through leading by example.**



## Rotary Club of Hickory

# Financial Information

This section should be completed with the assistance of your parent(s) or guardian(s).

### 1) Mother/Guardian

Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer: \_\_\_\_\_

Length of Employment \_\_\_\_\_

### 2) Father/Guardian

Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer: \_\_\_\_\_

Length of Employment \_\_\_\_\_

### 3) Gross Family Income: Check One

Under \$24,999

\$25,000-\$49,999

\$50,000-\$74,999

\$75,000 and above



**4) Marital Status of Parents or Guardians: Check One**

Single     
  Married     
  Separated     
  Divorced     
  Widowed

**5) Siblings**

Name	Age	In College		Graduated from College	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**6) List financial assistance you have already been awarded to continue your education beyond high school.**

Name of Award	Awarding Organization	Amount of Award per Year	Number of Years

**7) In the space provided, clearly explain your family’s need for this scholarship to help you pursue your education after high school.**



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## **Letters of Recommendation**

**Attach two Letters of Recommendation, including one from a high school teacher and one from a community member who is aware of your community service involvement. List below the names and contact information of the two people who will write your letters. Letters should be written on organizational letterhead as appropriate.**

**1) Letter 1 must be from a HCAM teacher**

**Name:** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**2) Letter 2 must be from a community member or employer who is aware of your community service involvement**

**Name:** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Title (as appropriate)** \_\_\_\_\_



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## **High School Transcript**

**Please attach your HCAM transcript that includes your class rank. You can get your transcript from the HCAM Guidance Office.**



## Checklist

- Application Form completed
- Application Form signed by applicant and parent(s) or guardian(s)
- One page Statement of Service included
- Financial Information form completed
- Two Letters of Recommendation attached and contact information complete on Letters of Recommendations form
- HCAM Transcript showing senior class rank attached
- ALL PORTIONS OF APPLICATION SUBMITTED TOGETHER BY 4:00 PM FRIDAY MARCH 15, 2019.**

Applications may be submitted in one of two ways:

- 1) On-line to [serviceaboveself2016@gmail.com](mailto:serviceaboveself2016@gmail.com) or
- 2) In person to Raeanne Kummer in the HCAM Counseling Office.