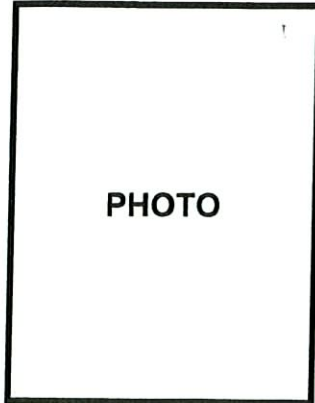


# GEORGIA ROTARY STUDENT PROGRAM OFFICIAL APPLICATION



## Instructions

Please print out this application, complete it fully, and mail to the address at the bottom of the form. Applicants will be unable to submit this form online because original signatures are required. Contact information for questions may be found at the bottom of the form.

Type or print in English. Do not staple or bind application papers. Please read "Scholarship Requirements for Submitting an Application" before you begin. Please attach a photograph of yourself over the left box and include two more.

## SECTION I - PERSONAL DATA

**NAME** \_\_\_\_\_  
Last First Middle

**PERMANENT ADDRESS** \_\_\_\_\_  
Street - Post Office Box

City \_\_\_\_\_ Country \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Place of Birth - City / Country \_\_\_\_\_ **BIRTHDAY** MM/ \_\_\_\_\_ DD/ \_\_\_\_\_ YYYY \_\_\_\_\_

**FAX NUMBER** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**MALE** \_\_\_\_\_ **FEMALE** \_\_\_\_\_ **PARENT PHONE NUMBER** \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_  
Address Occupation

**MOTHER'S NAME** \_\_\_\_\_  
Address Occupation

**BROTHERS** \_\_\_\_\_ / \_\_\_\_\_ **SISTERS** \_\_\_\_\_ / \_\_\_\_\_  
Number Ages Number Ages

**RELATIVES LIVING IN THE UNITED STATES:**

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
Street, P.O. Box, City, State, Zip Include area code

List hobbies and leisure time activities: \_\_\_\_\_  
 \_\_\_\_\_

List sports in which you are proficient: \_\_\_\_\_  
 \_\_\_\_\_

List musical instruments you play, including singing: \_\_\_\_\_  
 \_\_\_\_\_

List societies or student organizations: \_\_\_\_\_  
\_\_\_\_\_

List honors or awards: \_\_\_\_\_  
\_\_\_\_\_

Should you receive a scholarship, Georgia Rotarians will want to know more about your family and how your family has helped shape your life. **IN 50 WORDS OR LESS**, please tell us about your family.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you visited the U.S.A.? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_ How long? \_\_\_\_\_

Purpose: Student \_\_\_ Family \_\_\_ Tourist \_\_\_

If other, explain: \_\_\_\_\_

Do you smoke? Yes \_\_\_ No \_\_\_ Are you a vegetarian? Yes \_\_\_ No \_\_\_

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## SECTION II - EDUCATION / WORK / STUDY PLANS

List secondary (High School, Gymnasium) and post-secondary (College, University) institutions in the order attended.

Complete School Name	Location (City, Country)	Attendance From	(Month/Year) To	Graduation Date	Degree Obtained

Are you currently enrolled in the last institution listed above? Yes \_\_\_ No \_\_\_

Do you plan to graduate from your current institution? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_

### List work history:

Employer	Type of Work	From	To

1. List the courses you desire to study in a college or university in Georgia: \_\_\_\_\_





**1. ROTARY CLUB ENDORSEMENT (MUST BE ON ORIGINAL ROTARY STATIONERY AND SIGNED BY A CURRENT ROTARY PRESIDENT)**

The Rotary Club of \_\_\_\_\_

Address of Club \_\_\_\_\_ District \_\_\_\_\_

hereby endorses \_\_\_\_\_

as an applicant for a Georgia Rotary Student Program Scholarship and acknowledges that the above named applicant is a person of high ideals, good moral character, superior academic ability, outstanding leadership qualities, and will represent to the Rotarians of the State of Georgia the Ideas of Rotary. I have personally interviewed this applicant in order to sign this endorsement.

Please type or print legibly complete name and address of Rotarian other than family member to whom correspondence to above club should be sent:

\_\_\_\_\_  
 \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
(include city code)

**2. GUARANTEE OF TRANSPORTATION / ADDITIONAL FUNDS**

I, \_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Applicant

hereby guarantee to the Georgia Rotary Student Program that \_\_\_\_\_ has adequate financial resources to provide transportation both to and from his (her) home country to the State of Georgia, USA, should a scholarship be awarded. I further guarantee that this applicant will have **adequate additional funds (approximately \$3,000)** to cover all costs not provided by the scholarship.

Signature \_\_\_\_\_

**3. GUARANTEE OF MEDICAL INSURANCE**

(a) In signing this application, I certify that I am in good health, with no physical deformities which might interfere with a year's study and travel, and

(b) Further, I relieve the Georgia Rotary Student Program, Inc., of any financial responsibility for any accident, injury, illness or death. I also agree to obtain an insurance policy, at my own expense, for hospitalization and medical resulting from any accident, injury, illness or from accidental death and dismemberment. I agree that the insurance policy shall be in force from the date of departure through the date upon return to my home.

\_\_\_\_\_  
Date \_\_\_\_\_  
Signature of Applicant

**SECTION IV - APPLICANT'S CERTIFICATION**

I HEREBY AGREE (UPON RECEIVING A SCHOLARSHIP) TO:

1. To inform myself about Rotary in cooperation with my sponsoring Rotary Club or District Governor prior to departing from my home community, and to utilize the opportunities presented by the scholarship to work for the advancement of international understanding and goodwill at home and abroad.

2. To reply to correspondence from my host Rotary Family as soon as possible and notify The Georgia Rotary Student Program Office and host club of my travel plans.
3. To maintain a high level of achievement in my program of study and to make no change in my field of study without notifying The Georgia Rotary Student Program Office.
4. To accept such speaking engagements which would be helpful in carrying out the purpose of the Georgia Rotary Student Program.
5. To submit on time a written report to The Georgia Rotary Student Program on my year of study.
6. Upon my return home at the conclusion of my year of study, to visit and speak to Rotary Clubs and other groups in order to discuss my experiences as a Georgia Rotary Student Program Scholar and to create a better understanding of the country in which I studied.
7. That my scholarship may be revoked for any of the following reasons: my inability to secure admission to an institution approved by The Georgia Rotary Student Program, low level of educational achievement, evidence of misconduct, change of course of study program without consent of the Georgia Rotary Student Program, withdrawal from institution and course of study prior to expiration of the term of the scholarship, deficient knowledge of the language, failure to adequately discharge ambassadorial duties, or any contingency which prevents me from fulfilling all the obligations of the scholarship.
8. That I obtain at my expense, insurance coverage, valid against sickness, accidents, injury or accidental death in the amount specified or above these minimum levels: Benefits of the insurance required will be a minimum of US \$100,000 for medical/hospitalization care resulting from illness or accident, plus a minimum of US \$10,000 for accidental death and dismemberment. Scholarship recipients must be insured from date of departure to date of returning home.
9. That for any reason I find it necessary to return to my home before the end of my year, I must notify immediately the Georgia Rotary Student Program office, my Trustee and the Clubs sponsoring me.
10. That the primary purpose of my scholarship is to contribute to international understanding through study and not necessarily to enable me to earn a degree, diploma or certificate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Street Address**  
 15 E. Montgomery Crossroad  
 Suite 101  
 Savannah, GA 31406 USA

Telephone: 912/961-1331  
 Fax: 912/961-1860  
 E-mail: [grsp@grsp.org](mailto:grsp@grsp.org)

**Mailing Address**  
 P.O. Box 61327  
 Savannah, GA 31420 USA

Gregory H. Adams  
 Chairman

Dennis T. Still  
 Vice  
 Chairman

Larry Brewer  
 Secretary

J. Terry Gordon  
 Treasurer

Dorothea J. King  
 Administrator

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