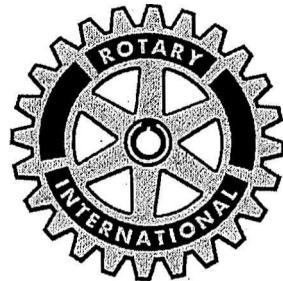




ROTARY CLUB OF FRANKFORT,
KY
APPLICATION FOR YOUTH SCHOLARSHIP
(Revised: 2025)



Student's Name _____

School Year for which you are applying _____

Check one:

High school graduate _____
Name of High School

Currently enrolled at _____
Name of High School

All recipients of scholarships must register as full-time students and maintain full-time student status for the duration of your scholarship. Recipients of scholarships must be legal residents of Frankfort or Franklin County, Kentucky.

PLEASE TYPE OR PRINT IN INK

1. PERSONAL INFORMATION

A. Full Legal Name _____

B. Male Female Date of Birth _____

C. Marital Status _____

D. Phone Number _____

E. Home Address _____

F. Email Address _____

G. Parent/Guardian(1): _____ Occupation _____

H. Parent/Guardian (2) _____ Occupation _____

I. Siblings (give name and age of those under 21):

2. POST-SECONDARY PLANS

A. At what post- secondary institution(s) do you plan to enroll and attend?

B. What field of study or career path do you plan to pursue?

C. If you are undecided, list your preferences in order of priority.

1. _____ 2. _____ 3. _____

D. What are your occupational plans following post-secondary training/ education?

E. If you are now enrolled in college or post-secondary training, what is your major?

3. HIGH SCHOOL ACADEMIC RECOGNITION and EXTRA-CURRICULAR/ COMMUNITY SERVICE

A. List scholastic honors, awards, and recognitions. (Additional sheet if needed).

B. List school-related extracurricular activities and volunteer service. (Additional sheet if needed).

C. List community service activities/experiences. (Additional sheet if necessary).

D. List job experiences, dates of employment and names/contact information for employers. (Additional sheet if needed).

4. FINANCIAL INFORMATION (Estimated)

A. Income of parent(s)/guardian(s):

\$100,000 and Above

Between \$50,000 and \$100,000

_____ Below \$50,000

B. _____ Indicate the number of family members who will be attending post-secondary education/training during the next school year.

C. Estimated budget for first year of post- secondary education or training

Tuition: \$

Fees: \$

Other (please specify) \$

Total \$

D. Other available resources to pay for education/training (mark all that apply)

Parents Savings Scholarships
 Gifts Grants Other _____
 Work Loans _____

E. List other scholarships you have applied for:

Name of Scholarship	Organization or College	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **PROVIDE A TYPEWRITTEN ESSAY OF 200-300 WORDS ABOUT WHY YOU WISH TO ATTEND COLLEGE OR VOCATIONAL/TECHNICAL TRAINING BEYOND HIGH SCHOOL AND HOW THIS SCHOLARSHIP WILL HELP MAKE THAT POSSIBLE** (Please attach).

6. THIS SECTION IS TO BE COMPLETED BY THE APPROPRIATE SCHOOL OFFICIAL AFTER THE APPLICANT HAS COMPLETED PREVIOUS SECTIONS.

1. Please attach the applicant's most recent available grade transcript.
2. Number in applicant's graduating class and applicant's rank (if known). _____
3. GPA _____ Scale used _____
4. ACT results (Please report in standard scores)
English _____ Math _____ Science _____ Reading _____ Composite _____
5. SAT: Verbal _____ Math _____
6. Recommendations or remarks for the scholarship awards committee:

Date _____ Counselor Signature _____

Counselor Name Typed _____

Title _____

7. Please list the school official to be notified if scholarship is awarded.

Name	Title	Address
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CONSENT FOR RELEASE OF STUDENT INFORMATION

I hereby give my permission to the FRANKFORT ROTARY YOUTH BOARD to publicly announce my special achievement if I am accepted for a Rotary Scholarship. I also authorize the committee to share my application with any interested community club or organization for the purpose of awarding additional scholarships.

Date _____ Student Signature _____

Parent Signature if Student Is Under 18 _____

The 2026 Deadline for the Frankfort Rotary Youth Fund Scholarship Application is Wednesday, April 1st, 2026. Please submit a completed application to your guidance department.