



Nimmonsburg Rotary

Dr. Robert W. Smith Memorial Foundation

P.O. Box 75, Chenango Bridge, NY 13745



Dr. Robert W. "Bob" Smith, M.D.

1914 – 1973

A Life of Service to Community and Profession

Dr. Robert W. Smith Memorial Foundation Scholarship Application

Instructions:

1. Due April 15th
2. Include the following information with your application
 - Copy of your Free Application for Federal Student Aid (FAFSA)
 - If high school senior
 - Copy of acceptance letter(s) from college(s)/university(s)
 - Most recent high school transcript
 - Transcripts from other college(s) or university(s), if applicable.
 - If currently attending college
 - Most recent college transcript
 - Essay Response
3. Mail the completed application and additional information to:
Dr. Robert W. Smith Memorial Foundation
P.O. Box 75
Chenango Bridge, NY 13745

Notification:

If you are selected, a personal interview will need to be conducted and will be scheduled between end of April – beginning of June. Notification of the interview will be via email with the time and location and additional information that will be needed.

Award Notification:

Recipients of the scholarship will receive an email notifying them of the award and amount of the scholarship.

To receive the award, it is the recipient's responsibility to:

- Obtain an enrollment verification form for each semester and submit to the Foundation in a timely manner.
- Include the address of the institution's Finance Office, as this is where we will send the check.
- Email your enrollment verification form and address of the Finance Office to Diana Robertson at Robertpot@aol.com

Failure to do so will result in no award payment to your institution. Your award will apply to your tuition bill for the fall 2020 and spring 2021 semesters. For example, a \$1,000 scholarship award is divided in half with \$500 applied to the fall semester bill and \$500 applied to the spring semester bill.

If you should withdraw from your institution during your awarded academic year, you must notify the Foundation immediately. You are eligible to apply for this scholarship again in spring 2021. Please contact the Foundation or your high school's guidance office for a scholarship application beginning in January 2021.

Criteria:

This scholarship is for all residents of the Chenango Forks and Chenango Valley School Districts.

Dr. Robert W. Smith Memorial Foundation Scholarship Application

Date: ____ / ____ / ____

Name: _____

Address: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Applicant Email (required): _____

Date of Birth ____ / ____ / ____

US Citizen: YES NO Married: YES NO

Applicant Employment: _____

Father/Guardian: _____

Employer: _____

Mother/Guardian: _____

Employer: _____

Parent Email (required): _____

of Siblings: ____ # Siblings in College: ____

High School: _____ Graduation Date: ____ / ____ / ____

If attending College, where: _____

Organizations/Clubs/Activities: _____

Career Interest(s): _____

List the college(s)/university(s) you have applied or attending and estimated cost of attendance:

Major: _____

List other scholarships/grants you have applied for and explain your plans for financing your college education.

Please fill out the financial information below:

Financial Information	Parents	Student	Additional Information
Wages/Salary/Tips			
Self-Employed Income			
Other Income			
Total Income			
Total Expenses			
529 Plan			
Student Loan Balance			

Please include additional financial information and/or extenuating circumstances, etc., if necessary

ESSAY:

Please type your response using double-spaced formatting.

“Rotary International is a global network of 1.2 million neighbors, friends, leaders and problem solvers who come together to make positive, lasting change in communities at home and abroad.” (Reference: www.rotary.org)

Why do you feel you are deserving of this scholarship and after reading the quote above, how will you help to make this world a better place?

List two Personal References:

_____ Phone: (____) _____ - _____

_____ Phone: (____) _____ - _____

I, certify that all statements made in this application are complete and accurate. I understand that falsification in my application, transcripts or other attachments will disqualify my application, as a selection committee’s decision is final. I also understand that incomplete applications are not considered.

Applicant Signature **Date**

Parent/Guardian Signature (If under 18 years of age) **Date**