

# KEIZER ROTARY KEIZER VISION CLINIC SCHOLARSHIP

This \$1000 award is given to a student planning on pursuing a career in the medical field.

## Eligibility

Any McNary High School graduating Senior who plans to further his or her education by attending a two or four year college is eligible for this award.

Name of Applicant \_\_\_\_\_

Home Address \_\_\_\_\_

Proposed Field of Study \_\_\_\_\_

## INFORMATION REQUIREMENTS FOR SCHOLARSHIP

1. Applications must be received in the Career Center by \_\_\_\_\_
2. Applicants must be in their senior year, attending McNary High School, with a minimum GPA of 2.5. **Attach your official high school transcript**
3. Applicants must provide two (2) letters of recommendation with the application; one from a community member and one from a McNary Staff member.

## In Addition to the information requirements:

On a separate sheet of paper, please answer the following questions:

- What is your financial need? Please provide your particular circumstances that reflect this need. Include number/ages of siblings living at home and number of siblings currently attending college
- Describe your involvement in community activities
- Describe your general education and career goals
- Optional: Describe any special, personal, family or financial circumstances which you feel might help the Committee make a decision about your application.

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Criteria for Selection	Weight
Financial Need	25%
Interview with the Committee	30%
Leadership & Community Involvement	30%
SAT/GPA	15%

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## To Be Completed By Your Counselor:

Overall Number of Students in the Graduating Class: \_\_\_\_\_

Student's Rank: \_\_\_\_\_

SAT/ACT Scores:

Math: \_\_\_\_\_

Reading: \_\_\_\_\_

English \_\_\_\_\_

Science \_\_\_\_\_

\_\_\_\_\_  
Signature of Counselor or Principal

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date