

Rockville Bank Community Foundation, Inc.

Academic Scholarship Application

(Return to your school Guidance Office)

Last Name	First Name	Middle Initial
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Street/Mailing Address	City	State	Zip Code
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Student Phone	High School Attending	School Phone
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Name of Your Guidance Counselor: _____

Are you employed part-time? No Yes How many hours per week? _____

Name of your employer: _____

Family Information: **Best Student Email:** _____

Father's Name: _____ Phone: _____

Address: _____ Email: _____

Mother's Name: _____ Phone: _____

Address: _____ Email: _____

Number of Children attending college next year: _____

Provide two Letters of Recommendation: One from an educator who is familiar with your performance and ability, and a second from an individual of your choice. List the two selected:

Name: _____ Title/Relationship: _____

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Academic and Leadership Information: GPA: _____ Size of Graduating Class: _____

List leadership activities and involvement within the school community: _____

List leadership activities and involvement within the community at large: _____

Complete and attach a 300-word essay stating why you plan on furthering your education, what benefits you hope to gain from doing so, and what you hope to do when your schooling is complete.

Name of College/Trade school student will attend: _____

Recipient's College/Trade School Student ID Number: _____

Note: Scholarship funds are sent directly to the college or trade school.