



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 15<sup>th</sup>
2. Include the following information with your application
  - 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](mailto: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 and spring 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 the spring of the following year. Please contact the Foundation or your high school's guidance office for a scholarship application beginning in January.

### 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 & estimated cost of attendance.

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Major: \_\_\_\_\_

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

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**Required:** Please complete, where applicable 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 applicable.

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**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](http://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**