



Eastern States Student EXchange Program, Inc.

Scholarship Application for Exchange Year

Please complete (typewritten) all items and return with a copy of the first two pages of your Rotary Youth Exchange application to your District Chairman.

District Chairman must submit application to ESSEX Scholarship Committee by April 30th.

Personal Information

Family name:	First Name:	MI:	DOB:
Street address:	City:	State/Province:	Postal Code:
Home Tel:		Email:	

Parental Information

Father's Name:	Mother's Name:
Address	Address
Occupation	Occupation

Family Information

Sibling's Name	Age	Occupation	Do they live at home?
Sibling's Name	Age	Occupation	Do they live at home?
Sibling's Name	Age	Occupation	Do they live at home?
Sibling's Name	Age	Occupation	Do they live at home?

Scholarship applications without a copy of the first two pages of the Rotary Youth Exchange application will not be considered.

Typewrite or computer print (single space) your answers to the following questions. Keep response to all questions under 500 words. Answer each question in detail.

1. How do you plan to use the funds that might be awarded to you by ESSEX? (Please indicate the amount you are requesting and identify all other sources of support other than your family.)

2. How do you feel your exchange experience will benefit your future plans for continued education and career objectives?

Successful applicants for ESSEX scholarship assistance will be required to report on their exchange activities upon return home. This report will specifically address how the scholarship assisted the student during their exchange year. ESSEX may use portions of the report to publicize its activities and to promote Youth Exchange.

I have read the above statement and understand that if awarded a scholarship I must submit a report at the end of my exchange year.

Signature of Applicant _____ Date _____

Rotary Information

Sponsor Rotary District #	District Youth Exchange Chairman:	Chairman's phone number:
Country student assigned to:		
Other known sources of financial assistance:		
District's assessment of financial need		

District Chairman's signature: _____ Date: _____

****Submit Scholarship Application to: Allen Smith, PO Box 7592, Steelton, PA 17113
Deadline: April 30th**

Scholarship applications without a copy of the first two pages of the Rotary Youth Exchange application will not be considered.