Thomas S. Scoggins
Memorial Scholarship

Rotary Club of Fairhope

Application Information

Eligibility: High school senior
Demonstrated academic success and community service
Merit and financial need considered, independently and together
Preference is given to students at Fairhope High School, with additional weight given to Interact Club members

Program: 4-year college, 2-year college, or technical school

Amount: $10,000 maximum ($2,500 maximum renewable for up to four years)

Due Date: April 9, 2027

The Thomas S. Scoggins Memorial Scholarship is funded through the efforts of the Rotary Club of Fairhope. It is named in honor of Tom Scoggins, who was an active Rotarian for over 50 years, from 1950 until his death in 2007. He served Rotary in a multitude of ways, including as president of the Rotary Club of Washington, D.C. (1975–76), governor of Rotary District 7620 (1977–78), and member of the Rotary Club of Fairhope (1992–2007), where he served for many years as Membership Chairman and mentor to many in this community.

Applicant: _____

Applicant: _____

Required from Applicant

Checklist (check these off to make sure you have included everything):

- ☐ Completion of Application.
- ☐ A copy of your high school transcript, including the fall of your senior year.
- ☐ Two letters of recommendation from teachers or employers not related to you.
- ☐ A copy of the attached Family Financial Profile (we do not require or accept the FAFSA).
- ☐ A one-page description of your personal goals, educational goals, and how you think you can help others through "Service Above Self," the motto of Rotary International.

All applications are due by April 9. Please return to Ms. Lathem. Please do not staple application materials, but paper-clip them or place them in a 9″ × 12″ envelope.

Terms and Conditions

1. Applications will be reviewed by a committee, and applicants may be asked for a personal interview by the committee.
2. Scholarship recipient will be required to submit monthly updates in writing via email to Fairhope Rotary.
3. Scholarship recipient and parent(s)/guardian(s) will be invited to the annual installation dinner in June.
4. Scholarship recipient will be asked to consider joining a local Rotaract Club.
5. Scholarship funds will be paid directly to the college or Committee-approved payee.
6. Scholarship recipient is expected to attend full time and maintain a GPA of 3.0 and submit a transcript of college coursework and grades in June of each year to confirm continued eligibility for the scholarship. Special circumstances may be considered.

Please direct questions to Memorie Martinez, President, Rotary Club of Fairhope, at memorie9170@gmail.com, or Chad Clark, Youth Service chairman, at chadclark@cbenterprise.net.

Applicant: _____

Application

About You

Full legal name _____

Address _____

Phone number _____ Email address _____

Age _____ Birth date _____

About Your Family

Name of father or male guardian _____

Phone number _____ Email address _____

Name of mother or female guardian _____

Phone number _____ Email address _____

Number of brothers _____ Ages _____

Number of sisters _____ Ages _____

Number of siblings in college _____ Where? _____

Academic Information

Type of diploma you will receive (General, Academic, IB, etc.) _____

Weighted GPA _____ Unweighted GPA _____

Best ACT score _____ Best SAT score _____

Your Extracurricular Activities

List the school clubs and organizations you belong to or have belonged to (with years):

Applicant: _____

List your outside-school and community activities

Tell us about volunteer community service you have performed

Tell us about the paid jobs you have had

Applicant: _____

Recognition You Have Received

List the leadership positions you have held (in or out of school)

Tell us about any awards or honors you have received (in or out of school)

Your Plans

What are your intended major, degree, and career?

What school will you most likely attend? _____

Other colleges you are considering or have applied to:

List any other scholarships you have applied for, with the amounts you have received or anticipate receiving:

Applicant: _____

Other

Please describe any economic or financial conditions or special circumstances you would like the Committee to consider.

Applicant: _____

Applicant and Parent/Guardian Certification

Each of us hereby certifies that the information contained in this application is true and correct. We hereby authorize the Rotary Club of Fairhope Scholarship Committee to contact any of the individuals or institutions referred to in this application to verify information provided, and to make such other investigation of this application as the Committee deems appropriate. We authorize the Rotary Club of Fairhope to use and disclose any information provided on or with this application for any purpose related to verification of eligibility or continued eligibility for, or the selection and award of, Thomas S. Scoggins Scholarships. We also authorize any academic institution that the applicant has attended or attends in the future to provide to the Rotary Club of Fairhope Scholarship Committee any information about grades and extracurricular activities that the Committee may request in connection with this application or in connection with verification of continued eligibility for the scholarship. We authorize the Rotary Club of Fairhope to announce and publicize the award of this scholarship. We understand that scholarship recipients are selected or deemed eligible for continuation by the Rotary Club of Fairhope Scholarship Committee at its sole discretion, and that the misrepresentation or falsification of any information contained in this application package or further submissions will disqualify me/the applicant from further consideration by or receipt of funds from the Rotary Club of Fairhope.

Applicant's Signature:		Date:	
Applicant's Name (PRINT):			

Parent or Guardian's Signature:		Date:	
Parent or Guardian's Name (PRINT):			

The Rotary Club of Fairhope reserves the right to request any additional information or documentation needed to verify eligibility or other application information.

The Rotary Club of Fairhope does not disclose financial information to persons other than the Scholarship Committee or, as may become necessary in the Committee's discretion, to the Board of Directors of the Rotary Club of Fairhope.

Family Financial Profile for Scholarships

(To be completed by the parent or guardian)

Applicant's full legal name: _____

Any other names you go by including nicknames: _____

Name of father or male guardian: _____

Highest education completed: _____

Name of mother or female guardian: _____

Highest education completed: _____

Sisters'/brothers' names: _____ Age: _____

Sisters/Brothers Names: _____ Age: _____

Sisters/Brothers Names: _____ Age: _____

Sisters/Brothers Names: _____ Age: _____

Is the family home: Owned _____ or Rented _____ Monthly Payment: $ _____

Father's/guardian's employer: _____

Address: _____

Job title or duties: _____ *Monthly equivalent $_____

Mother's/guardian's employer: _____

Address: _____

Job title or duties: _____ *Monthly equivalent $_____

Applicant's employer: _____

Address: _____

Job title or duties: _____ *Monthly equivalent $_____

*Actual Monthly equivalent to include commissions or other income spread out over various reporting periods

List any other source of income from:

1	Child Support	Yes or No	$	Mo. or Yr.
2	Disability Income	Yes or No	$	Mo. or Yr.
3	Social Security or SSI	Yes or No	$	Mo. or Yr.
4	Aid to Dependent Children & Families	Yes or No	$	Mo. or Yr.
5	Structured Settlements	Yes or No	$	Mo. or Yr.
6	College Savings	Yes or No	$	
7	Any other income sources	Yes or No	$	Mo. or Yr.

Please mark the appropriate range below for Total Combined Family Income from Adjusted Gross Income Line on Federal Income Tax Return. For verification, Finalist and Parents/Guardians may be required to furnish a current copy of tax return upon notification of finalist status.

Less than $10,000		$90,000–99,999	
$10,000–19,999		$100,000–109,999	
$20,000–29,999		$110,000–119,999	
$30,000–39,999		$120,000–129,999	
$40,000–49,999		$130,000–139,999	
$50,000–59,999		$140,000–149,999	
$60,000–69,999		$150,000–159,999	
$70,000–79,999		$160,000 and above	
$80,000–89,999			

I hereby attest that all of the information in the application and financial profile is true and correct.

Parent or Guardian's Signature:		Date:	
Parent or Guardian's Name (PRINT):			