



**BEVERLY ROTARY CLUB FOUNDATION
JACK GOOD SCHOLARSHIP APPLICATION
2024**

Thank you for your interest in applying for the **Beverly Rotary Club Foundation Jack Good Scholarship**. This scholarship is designed to support individuals aged 21 or older, residing in Beverly, MA, who are seeking to pursue training or education from an accredited institution and who demonstrate financial need. Please complete the following application form and submit the required documents to be considered. Individual awards may be up to \$2,500.

This application may also be accessed at BeverlyRotaryClub.com/JackGoodScholarship

The deadline to submit the application and supporting materials is **Monday, November 18, 2024**. Incomplete or late applications will not be considered.

PERSONAL INFORMATION

Full Name:

Date of Birth (MM/DD/YYYY):

Phone Number:

Email Address:

Mailing Address:

Do you reside in Beverly, MA?

Yes No

(Residency in Beverly, MA is a requirement for eligibility.)

EDUCATIONAL BACKGROUND

- 1. Do you have a high school diploma or high school equivalency certificate (this is a requirement for eligibility)?**

Yes No

If yes, please provide the following:

- Name of High School or Institution:
- Year of Graduation or Completion:
- Attach a copy of your diploma or equivalency certificate.

2. Do you have an associate's or bachelor's degree?

Yes No

If yes, please provide the following:

- Name(s) of Institution(s):
- Year(s) of Graduation or Completion:
- Degree(s) obtained:

PROGRAM INFORMATION

1. **Name of the Program/Course you wish to attend:**
2. **Institution Name:**
3. **Program/Course Type (Degree, Certificate, etc.):**
4. **Start Date (if known):**
5. **Total Cost of the Program: \$** _____
6. **Amount of Funding You Are Seeking from this Scholarship: \$** _____
7. **Have you applied or been accepted into the program?**
 Yes (Please attach proof of application or acceptance if available.)
 No (If no, explain your timeline for applying.)

EMPLOYMENT AND EXPERIENCE

1. **Current Occupation (if applicable):**
 - Job Title:
 - Employer:
2. **Briefly describe your prior work, education, and/or community activities (300 words max – use attached sheet as necessary):**

LETTERS OF RECOMMENDATION/SUPPORT

Please submit two letters of recommendation or support from individuals who are familiar with your circumstances, prior work, education, or community activities.

Recommender 1:

- Name:
- Relationship to Applicant:
- Email/Phone Number:

Recommender 2:

- Name:
- Relationship to Applicant:
- Email/Phone Number:

FINANCIAL NEED

- 1. Please provide a statement of financial need (300 words maximum – use attached sheet as necessary):**
 - Describe your current financial situation, including any financial challenges that may impact your ability to attend this program.
 - Explain why you are seeking financial assistance and how receiving this scholarship would help you achieve your educational goals.

- 2. Do you have any other sources of financial assistance (scholarships, loans, etc.) for this program?**
 Yes No

If yes, please provide details about the funding sources and amounts.

PERSONAL STATEMENT

In 500 words or less, describe your personal story, including why you are applying for this scholarship, how this scholarship will impact your future educational goals, and any challenges you have overcome as a nontraditional student.

SUBMISSION INSTRUCTIONS

Please submit the completed application form, a copy of your high school diploma or equivalency certificate, two letters of recommendation/support, a statement of financial need, and proof of application or acceptance (if available), documentation of the details of the course you are requesting financial assistance with (such as the catalog listing which includes institution, course description, date and cost) to the following email address or mailing address by the application deadline:

Email Submission: lac@candolawyers.com

Mailing Address:

Lori Cianciulli
Beverly Rotary Club Scholarship Chair
163 Cabot Street
Beverly, MA 01915

Contact Information:

Phone: 978-922-9933
Email: lac@candolawyers.com

APPLICANT CERTIFICATION

I hereby certify that all the information provided in this application is true and accurate to the best of my knowledge.

Signature (typed if electronic):

Date:

APPLICATION DEADLINE: NOVEMBER 18, 2024