

**Rotary**



Club of Dulles International Airport

**LeRoy Collins Memorial  
Scholarship for  
Trade School Applicants**

**APPLICATION**

Deadline  
Friday, March 28, 2025

Submit and Questions  
Georgia Graves 571-237-6200 or [georgiagraves604@gmail.com](mailto:georgiagraves604@gmail.com)  
Rich McCary 703-606-0107 or [Rmccary2@outlook.com](mailto:Rmccary2@outlook.com)

**Rotary Club of Dulles International Airport  
Leroy Collins Memorial Scholarship  
For Trade School Applicants**

**Student Application - Part I**

*Please fill in as completely as possible.*

1. NAME OF CANDIDATE: \_\_\_\_\_  
Last First M.I.

2. HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
Town/City State Zip Code

3. HOME TELEPHONE NO.: \_\_\_\_\_ STUDENT'S CELL PH #: \_\_\_\_\_

4. NAME OF HIGH SCHOOL: \_\_\_\_\_

5. PRESENT GRADE LEVEL\*: \_\_\_\_\_

6. DATE OF BIRTH: \_\_\_\_\_

7. **STUDENT'S EMAIL ADDRESS:** \_\_\_\_\_ -

**\* Student must be a graduating senior in 2025**

The decision to apply for the Annual LeRoy Collins Memorial Scholarship overseen by The Rotary Club of Dulles International Airport is my own, and I will abide by the regulations explained in the Program Requirements and Criteria for Selecting Candidates. The responses contained in the student application form are my own.

\_\_\_\_\_  
Date Signature of Candidate

*To be completed by Parent or Guardian*

**Parent or Guardian:**

With whom does the student reside: Parent Guardian

FULL NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ PARENTS EMAIL ADDRESS \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_, permit him/her to be considered as a scholarship candidate for the Annual LeRoy Collins Memorial Scholarship Program overseen by The Rotary Club of Dulles International Airport. I understand that if he/she is selected to receive the scholarship, the monies must be used for the completion of the Trade School program or curriculum noted on the application. Further, I understand that the grant does not imply any additional financial support, and if accepted, my child will be responsible for the remainder of costs, if any.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

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**Financial Statement Form – Part II**

**I. Student Employment (Includes full or part-time during the last two years):**

|          |              |                    |                 |
|----------|--------------|--------------------|-----------------|
| Employer | Type of Work | Employed From: To: | Weekly Earnings |
|----------|--------------|--------------------|-----------------|

Amount you have saved toward higher education:

**II. Family Income**

|            |               |
|------------|---------------|
| Occupation | Annual Income |
|------------|---------------|

Father  
Mother  
\*Other

Total Family Income

\*Specify by source, such as Social Security, Veteran's benefits, income of other family members, or investment income.  
**Copy of FAFSA (Free Application for Federal Student Aid) or SAR (Student Aid Report) must be submitted with this application.**

**III. Estimated Expenses for One School Year: WHAT TRADE SCHOOL? \_\_\_\_\_**

|                          |                          |
|--------------------------|--------------------------|
| Tuition & Fees           | Transportation           |
| Room & Board             | Clothing                 |
| Books & Supplies         | Laundry                  |
| Medical, incl. Insurance | Other                    |
|                          | Total Estimated Expenses |

**IV. Expected Financial Resources (per year):**

|                     |                          |
|---------------------|--------------------------|
| From Family         | From Other Scholarships  |
| From Earnings       | From Contributions       |
| *From other Sources | College Financial Aid    |
|                     | Total Expected Resources |

\*Specify by source, such as trust funds, insurance, etc.

**V. Other Dependents in Family**

|      |     |                            |
|------|-----|----------------------------|
| Name | Age | If student, name of school |
|------|-----|----------------------------|

I/We declare the information in this application and financial statement to be true and accurate, to the best of my/our knowledge.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

I authorize the release of grade transcript to the Scholarship Committee so that he/she may be considered for this scholarship.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent if student is  
under 18 years of age

\_\_\_\_\_  
Date

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**Student Background Information – Part III**

***Note: Please list other scholarship applications (and name of organization) that have been submitted and list any scholarships received to date***

Accepted by (trade schools)

**Scholarship Received to Date**

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Class Rank \_\_\_\_\_ GPA \_\_\_\_\_

**Scholastic Honors**

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**Student Background Information – Part III (cont.)**

*Additional pages may be attached.*

**Extra-curricular Activities (include number of years and offices held):**

**Community Activities (include number of years and offices held):**

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**Student Essay – Part IV**

***Additional pages may be attached.***

**Please describe your family life and background as well as why you need and will benefit from this scholarship.**

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**Student Essay – Part IV (cont.)**

*Additional pages may be attached.*

Please write an essay discussing how you would exemplify the 4-Way Test of Rotary.

**The Rotarian's 4-WAY TEST  
Of the things we think, say, or do**

- Is it the TRUTH?
- Is it FAIR to all concerned?
- Will it build GOODWILL And better FRIENDSHIPS?
- Will it be BENEFICIAL to ALL concerned?