



**Rocky Point Rotary Club
P.O. Box 5323 Rocky Point, NY 11778**

ROCKY POINT ROTARY CLUB P.O. Box 5323, Rocky Point, NY 11778

Bruce Giles Memorial Scholarship Application

The Rocky Point Rotary Club is pleased to announce that applications are now being accepted for the **Bruce Giles Memorial Scholarships**. One scholarship will be awarded to a student from each of the following:

- **Longwood Central School District**
- **Rocky Point School District**
- **Shoreham Wading River School District**
- **North Shore Youth Council**

A total of four (4), \$1000.00 scholarships will be awarded.

Eligibility Requirements

1. Applicants must participate in **community service** through a school organization or a community-based organization.
2. The **completed application**, along with **two recommendation forms** and **grade transcripts**, must be submitted no later than **April 1, 2025**, to:
Rocky Point Rotary Club **P.O.**
Box 5323 **Rocky**
Point, NY 11778
3. Applicants must graduate from **Miller Place, Rocky Point, Shoreham Wading River, or Longwood High School** no earlier than **December 2024** and no later than **June 2025**.
4. Applicants must be enrolled **full-time** in a college, university, or other postgraduate course of study commencing no later than **Fall 2025** and must remain in good standing for at least **one academic year**.

Scholarship funds may be awarded either directly to the recipient or to the institution at the discretion of the selection committee.

Scholarship recipients will be selected by **May 6, 2025**, and their respective school districts will be notified.

Note: The primary selection criteria for this scholarship is **Community Service**.



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Bruce Giles Memorial Scholarship sponsored by The Rocky Point Rotary Club

APPLICATION FORM

1. Personal Information

- **Full Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email Address:** _____

2. Academic Information

- **High School Name:** _____
- **Grade Level:** _____
- **Expected Graduation Date (Month/Year):** _____
- **Will you be graduating in June 2025?** Yes No

3. Postsecondary Education Plans

List all colleges, universities, or post-graduate institutions to which you have applied and indicate the status of each application:

Institution Name. Application Status (Accepted, Waitlisted, Pending)

- **Have you decided on an institution to attend?** Yes No
- **If yes, which institution?** _____



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4. Financial Information

How do you plan to finance your education? (Check all that apply)

- Loans
- Grants/Scholarships
- Family Contributions
- Personal Savings
- Other (please explain): _____

5. Extracurricular & Community Service Activities

- **Are you a member of your school's Interact Club?** Yes No
- **Describe your community service involvement over the past four years (be specific):**
 - _____
 - _____
 - _____
- **List all school and community activities, including dates of participation and roles held:**
 - _____
 - _____

List any honors or achievements received in high school (include years):



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6. References

Provide the names and contact information for **four individuals** (not related to you) who can attest to your Community Service contributions.

Name	Address	Phone Number	Relationship to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Recommendations

Two recommendation forms must be submitted with this application:

- **One must be from a faculty member.**
- **The second can be from a community member or staff member.**

8. Additional Information

If there is any additional information you would like the committee to consider, please provide details below (attach additional pages if necessary):

9. Certification & Signature

By signing below, I certify that all information provided in this application is true and accurate. I authorize my school to provide any necessary scholastic information upon request.

Applicant's Signature: _____

Date: _____



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RECOMMENDATION FORM

Applicant's Name: _____

Recommender's Name: _____

Address: _____

Phone Number: _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Why do you recommend this applicant for the Bruce Giles Memorial Scholarship?

(Please note: The main criteria for this scholarship is Community Service.)

Recommender's Signature: _____

Date: _____

Title/Occupation: _____