



BOB WINTER Memorial Fund

CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

Student Name:

Address:

..... Phone No:

Sponsoring Rotary Club.....

Country assignment.....E-mail Address.....

To be completed by Parent / Sponsor / Assisting-relative / Guardian

1- Name of person completing form:

2- Marital status of the person completing this form: (please circle)

Married Single Parent Separated Divorced Widowed

3- **My relationship to the applicant is:** (please circle)

Parent Step parent Legal guardian Sponsor Assisting Relative

4- **Employment Profile?**

Parent / Guardian

Parent / Guardian:

Occupation:.....

Occupation:

Self Employed.....Retired.....

Self Employed.....Retired.....

Employer:

Employer:.....

Source of other income:

Source of other income:

5- **Financial Information; (based on last years tax return)**

	Parent / Guardian	Parent / Guardian
(a) Income from wages, salaries	\$.....	\$.....
(b) Pension income received	\$.....	\$.....
(c) Self employed income	\$.....	\$.....
(d) Investment income	\$.....	\$.....
(e) Other income	\$.....	\$.....
Gross INCOME (total (a) to (e))	\$.....	\$.....

6- Please list any exceptional expenses incurred during the past year, to be incurred or presently being incurred (e.g. medical, family emergency, daycare, exceptional repairs, etc.) Attach separate sheet if necessary

Please be prepared if necessary for a confidential interview with members of the Committee dealing with this financial information

7- Dependent children (including child for whom funding is requested)

Name	Age last Dec. 31	School Attending	Check if attends College full time
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8- Other dependents (if any) that you will be supporting : (Do not include your spouse)

Name & address	Age	Relationship to you
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9- Assistance is normally given as a contribution toward travel cost to and from the hosting country. What amount can you contribute toward the cost of Airfare?

10- Does the student have a part-time job? If so give details regarding the amount worked.

Rate of pay and amount the student can contribute toward his/her own expenses: \$.....,

I/WE HEREBY DECLARE THAT THE INFORMATION GIVEN IN ANSWER TO THE ABOVE QUESTIONS IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE.

Signature of person completing form:.....Date,.....

Signature of person completing form:.....Date,.....

Address:..... City..... State/Prov.....

Postal code..... Home Phone: Business Phone.....

E-mail address:

This form must be received by April 1 of the year in which the student is outbound, with covering letter giving any other information which the applicant feels necessary to support the request to:

ROTARY DISTRICT 5060
Bob Winter Fund Committee
c/o Julian S, Agranoff, chairman
764 D Street S W
Ephrata, Washington
WA 98823-2034 USA E-Mail: jagranoff@live.com