

2025 SCHOLARSHIP ANNOUNCEMENT
The Rotary Club of Thousand Oaks
Mary Claire Slais Scholarship Award

DESCRIPTION

The Rotary Club of Thousand Oaks is seeking deserving individuals who want to further their education and / or professional skills. This scholarship is focused on deserving individuals with an entrepreneurial and community service focus. The Club, through its Scholarship Fund, will award money to pay for tuition and/or associated educational costs.

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The academic level being targeted by these scholarships is for those students being challenged or not receiving scholarships elsewhere. Pre-vocational trainees, job change candidates, and those seeking skilled occupations will be favorably received. Motivation to succeed and clear goals will be valued assets.

BASIC CRITERIA

1. Must be a resident of the city of Thousand Oaks or its adjacent areas
2. *This scholarship opportunity is available students attending Thousand Oaks High School, Newbury Park High School and Moorpark College who are enrolled or planning to enroll in a post-secondary school (college, training school or technical school)*
3. Recommendation of a GPA of between 2.7 and 3.5 from a secondary or post-secondary school (to be verified by transcripts or counselor certification)

There is no age limit on this award. Re-entry students are invited to apply. There is no discrimination on the basis of race, religion, ethnicity, or gender.

No immediate family members of the Rotary Club are eligible for these awards.

FURTHER INFORMATION AND APPLICATIONS

Rotary Club of Thousand Oaks
Carol Schreiber
31301 Glenbridge Road
Westlake Village, CA 91361
(818) 266-4878
or
Mt.Chet@roadrunner.com

Completed applications must be submitted to the
Rotary Club of Thousand Oaks, c/o Carol Schreiber, Scholarship Committee Chair, at the address shown above,
No later than Monday, April 28, 2025

Oral interviews will occur during the week of May 5th, 2025

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APPLICATION

1. Applicant's Personal Data:

Last Name: _____

First Name: _____

Date of Birth: _____

How long in the Conejo Valley? _____

Address: _____

ZIP _____

Daytime Phone Number: (8:30 am to 5:00 pm) _____

Evening Phone Number: (after 5:00 pm) _____

Email Address _____

2. Applicant's Parents:

Last Name: _____

First Name: _____

How long in the Conejo Valley? _____

Address: _____

ZIP _____

Daytime Phone Number: (8:30 am to 5:00 pm) _____

Evening Phone Number: (after 5:00 pm) _____

3. References (Note: Two minimum; please provide letters of recommendation with completed application):

Name: _____

Address: _____

ZIP _____

Daytime Phone Number:(8:30 am to 5:00 pm) _____

Evening Phone Number:(after 5:00 pm) _____

Relationship: Relative Friend Teacher Other (specify)

Name: _____

Address: _____

ZIP _____

Daytime Phone Number:(8:30 am to 5:00 pm) _____

Evening Phone Number:(after 5:00 pm) _____

Relationship: Relative Friend Teacher Other (specify)

4. Current school status and / or employment status:

Name of School or Employer: _____

Address of School or Employer: _____

ZIP _____

5. Number of dependants:

Military experience:

Number of dependents: _____

Military Experience: _____

6. Grade point Average (Please submit all transcripts with this Application and/or a certification of G.P.A. from your counselor):

ON A SEPARATE PAGE, PLEASE WRITE A SHORT PARAGRAPH ON EACH OF THE FOLLOWING:

7. Proposed field of study/vocation/occupation:

8. What are your current and financial needs to complete your education?

9. Tell us about yourself

A. What excites and motivates you?

B. What do you see yourself doing in 10 years?

C. What makes you deserving of this scholarship?

10. Indicate other assistance for which (1) you have applied, (2) which you have been awarded and/or (3) the amount awarded.

11. How much Financial Assistance will you be receiving from your family? Please explain.

12. Please describe, in detail, your extra-curricular activities.

A. Volunteer Work

B. Community Involvement

C. Work History

D. Other

Please return the completed Application: #1 - #12, (which should include 2 letters of reference: #3; your transcripts from you counselor: #6; a photo of yourself and any additional remarks no later than **Monday, April 28, 2025**. Make sure that you include an accurate email and cell number (for emergencies) for me to communicate with you. I will communicate with you via e-mail.

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If you have any questions, please contact **Carol Schreiber** at

(818) 266-4878

Dated: _____

Signature of Applicant

Parent's Signature (if applicable)*

[Signature of Counselor or Principal]

[Print or Type Name of Counselor or Principal]

Phone Number of Counselor or Principal

***If under 18, Parent's Signature Required**