

The Bob Winter Memorial Fund was named after a long time Rotarian from Penticton, British Columbia who was actively involved in the Youth Exchange program in our Rotary District 5060. He noticed that some of the families sending a child abroad for a year were having problems paying the cost. In his will, he left a substantial sum of money to Rotary Youth Exchange with the understanding that the money would be invested and the interest would be used to help deserving youth.

Occasionally, we see a student who is really deserving but is having difficulty raising the money either from family or on his or her own. When we see these really exceptional students, we would like to help, and that is where the Bob Winter Fund comes in.

This year, the fund can be awarded to 1-3 students. We believe this contribution makes a substantial enough impact that students who may not otherwise be able to be part of this experience, will have the opportunity to do so.

Once applications are submitted, the committee will select the student(s) based on financial need and other circumstances, so please fill out the attached application to the best of your ability with whatever information that you feel is important. Successful applications will be contacted before the end of January.

BOB WINTER MEMORIAL FUND

CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

Student Name:

Address:

City, State/Province, Postal Code:

Phone No:

Sponsoring Rotary Club

Country assignment (if known):

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

1. Name of person completing form:
2. E-mail Address:
3. Marital status of the person completing this form:

☐ Married ☐ Single Parent ☐ Separated ☐ Divorced ☐ Widowed

4. My relationship to the applicant is:

☐ Parent ☐ Step Parent ☐ Legal guardian ☐ Sponsor ☐ Assisting Relative

5. Employment

Parent/Guardian

Parent/Guardian

Occupation:

Occupation:

Self Employed

Retired

Self Employed

Retired

Employer:

Employer:

Source of other Income: _____

Source of other Income _____

6. 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 – e)

7. Please list any exceptional expenses incurred during the past year, to be incurred or

Presently being incurred (e.g. medical, family emergency, divorce, 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.

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8. Dependent children (including child for whom funding is requested)

	Name	Age	Attends college full-time
1			☐
2			☐
3			☐
4			☐

9. Other dependents (if any) that you will be supporting: (Do not include your spouse)

Name & address:

Age:

Relationship to you:

10. Assistance is normally given as a **contribution** toward travel cost to and from the hosting Country. What amount can you contribute toward the cost airfare/insurance?

11. Please provide any further information that you would like to include that you feel the committee should know about your financial need for this funding:

12. Does **the student** plan to financially contribute to his/her/their exchange? If so

give details. (fundraising, part-time job, etc):

13. Approximate amount the student can contribute toward his/her/their own expenses:

I/WE HEREBY DECLARE THAT THE INFORMATION GIVEN IS TRUTHFUL AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE.

Signature of person completing form:

Date:

Signature of student:

Date:

This completed form must be received by **January 5th, 2026.**

Please send completed form to:

Martha Kennedy
youthexchangechair@rotary5060.org

The form will be sent to the Bob Winters Memorial Fund Committee to select the successful applicant(s).