



**GEORGIA ROTARY STUDENT PROGRAM STUDENT SELECTION COMMITMENT FORM FOR 2023-2024**

PO Box 61327, Savannah, GA 31420 Phone: 800-732-4167 E-mail: [grsp@grsp.org](mailto:grsp@grsp.org)

**PLEASE REPLY ON OR BEFORE FRIDAY, JANUARY 6th, 2023** (The earlier the better)

Club Name (1) \_\_\_\_\_ District \_\_\_\_\_

Trustee \_\_\_\_\_

We will participate with the following Clubs: (2) \_\_\_\_\_, (3) \_\_\_\_\_,

(4) \_\_\_\_\_ (5) \_\_\_\_\_

For multiple club sponsorship, LEAD CLUB WILL BE: \_\_\_\_\_

BEFORE THE STUDENT SELECTION IS ELIGIBLE FOR CONSIDERATION, EACH CLUB ABOVE MUST: A) PROVIDE A COMPLETED COMMITMENT FORM AND B) PLEDGES FROM YOUR PRIOR GRSP STUDENT MUST BE SATISFIED. Please list below your choices for a student, the school, and the pledge amount as shown on the attached Statistical Table.

ID #	STUDENT NAME- FOR STANDARD SELECTION	COUNTRY	SELECT SCHOOL	WE PLEDGE TO PAY: (Required)
				\$
				\$
				\$
				\$
				\$
				\$

<u>FOR DIRECT COLLEGE SELECTION</u>	SELECT SCHOOL	WE PLEDGE TO PAY: (Required)
You will work with GRSP office and college in process		\$

Please PRINT LEGIBLY or TYPE and be sure to notify the GRSP office of changes

<u>2023-2024 CLUB PRESIDENT- Print:</u>	<u>HOST FAMILY</u>
<b>FULL NAME and</b> _____ <b>Signature Required: (X)</b>	<b>Name (Print):</b>
<b>Address:</b>	<b>Address:</b>
<b>City-State-Zip:</b>	<b>City-State-Zip</b>
<b>President Business Phone:</b>	<b>Host Business Phone:</b>
<b>President Cell Phone:</b>	<b>Host Cell Phone:</b>
<b>Email:</b>	<b>Email:</b>