



Kiwanian Dependent Child Scholarship -- Application

Applicant Personal Information

Name (First, Middle, Last)			
Permanent Address			
City	State	Zip Code	
Home Phone Number	Cell Phone Number		
Birthdate	E-mail		

Expected Date of Graduation	
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High School Information

Name			
Address			
City	State	Zip Code	
Phone Number			
Principal Name			

Kiwanian Information

Name (First, Middle, Last)			
Permanent Address			
City	State	Zip Code	
Home Phone	E-mail		
Kiwanis Club Division	Kiwanis Club		

School Information

Please select and option by typing "X" to the right.	I have not finalized my decision as to which school I will be attending this fall.	
	I will be attending the following school below this fall.	

If the school decision has been finalized, complete the information below.

School Name			
Address			
City	State	Zip Code	
Phone Number	E-mail		
Name of office the check should be mailed to			

Academics

Current Grade Point Average		on a scale of	
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Service and Leadership Experience

List school and community organizations and activities in which you have participated. Describe your level of participation and list chronologically any offices held.

List chronologically any honors, awards or special recognition you have received.

Essay

Please answer the following essay question in 200 words or less.

Question: How will your studies help you achieve your goals while also benefiting the lives of others?

Signatures

I certify that all the information submitted in this scholarship application process, including the application and supporting materials, is true and accurate to the best of my knowledge.

Applicant Printed Name	
Signature	
Date	

I certify that all the information submitted in this scholarship application process by the applicant, including the application and supporting materials, is true and accurate to the best of my knowledge.

Dependent Kiwanian Name	
Relationship to Applicant	
Signature	
Date	