

**KIWANIS CLUB OF LEHIGH ACRES
SCHOLARSHIP REAPPLICATION APPLICATION**

Return application to:
Kiwanis Club of Lehigh Acres, Inc.
P.O. Box 635
Lehigh Acres, FL 33970-0635

OUR CHILDREN
THE BUILDING BLOCK
OF OUR FUTURE

Student Name:

Last	First	Middle
------	-------	--------

Student Mailing Address _____

Street _____ Apt# _____

City _____ State _____ Zip _____

Day Phone (____) _____ Night Phone (____) _____

College/University _____

SS# _____ or preferably Student ID # _____ Year of Graduation _____

Student e-mail address(s) _____

RECIPIENT QUALIFICATIONS

A student must be a full time student (minimum 12 hrs) and a minimum grade point average 2.5 for any renewals. Awards shall be available for use at only accredited institutions of higher education. This application must be submitted on or before **February 28.**

TRANSCRIPT REQUIREMENTS

Your overall GPA and/or the grades from your last semester will be used to determine your eligibility. If for some reasons those last semester grades do not meet the minimum requirements, please submit a letter explaining the extenuating circumstances.

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. I am also attaching a recent Photo of myself to this completed Application.

Signature _____ Date ____/____/____