KIWANIS CLUB OF LEHIGH ACRES SCHOLARSHIP 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

Please Note: BE NEAT AND BE COMPLETE.

PLEASE ATTACH YOUR PHOTO TO TOP RIGHT HAND CORNER OF THIS PAGE. How you complete this application, expresses your interest in receiving a scholarship.

Use additional sheets when needed.

APPLICANT INFORMATION

Student Name		
Last	First	Middle
Permanent Mailing Address		
	Street	Apt#
City	State	Zip
Day Phone ()	Night Phone ()	
Birth Date / / Current Age_	College ID#	
Student e-mail address		<u> </u>

RECIPIENT QUALIFICATIONS

Recipients must have Lehigh Acres, Florida, as their legal residence prior to attending the College, University, Trade School or Postgraduate School (if required for their choice of profession, e.g. law, medicine, etc.) of their choice. A minimum grade point average 2.5 must be maintained for the initial Award. Once in college the student must maintain a 2.5 grade point average and earn at least 12 credit hours each semester to receive money for the following semester and be eligible for renewals. Preference shall be given to members of the Kiwanis Family: Key Club, Builders Club, and K-kids Club Members. Financial need will also be considered as well as the applicants other means of Scholarships, Grants, and financial Aid that they may or may not be receiving. Awards shall be available for use at only accredited institutions of higher education. Recipients must be willing to attend a Kiwanis Scholarship Awards presentation and agree to allow photographs and stories to be used for Kiwanis public relations purposes.

This application must be submitted on or before February 28.

PARENT/GUARDIAN INFORMATION

Last	First		Middle
Living Married Divorced			
Address			
Street		Apt#	
City	State	Zip	
Employer			
Address			
City	State	Zip	
Phone Number _()			
Mother's NameLast	F: 4		N. 1.11
Last	First		Middle
iving Married Divorced			
AddressStreet		A 4 !!	
Street		Apt#	
City	State	Zip	
Employer			
Address			
City	State	Zip	
Phone Number _()			

PERSONAL STATEMENT

Write a 500 word essay explaining your personal goals for the future and any unusual family or personal circumstances that have affected you. Include at least a paragraph on your chosen major. This is to be on a separate 8 1/2 x 11 sheet titled **Personal Statement** and attached to this application. **IMPORTANT**, please indicate if you are the first member of your family to attend a college or university.

EXTRACURRICULAR ACTIVITIES

On a separate 8 1/2 x 11 sheet titled EXTRACURRICULAR ACTIVITIES, list all school and community activities you have participated in during the past four years. Explain the purpose of the activity and identify type of activity as community, volunteer, sports, career-related, scholastic club, 4H, FHA, political, scouts, art, music, sorority/fraternity (type?), debate, drama, religion, science, hobby, etc. Use the following column heads on your list:

ORGANIZATION PURPOSE- TYPE OF ACTIVITY- DATES INVOLVED # OF YEARS

EMPLOYMENT EXPERIENCE

List your employment experience during the past four years, beginning with most recent. Use additional sheet if needed with the same column heads as below:

COMPANY NAME-TYPE OF EMPLOYMENT-CAREER RELATED-FAMILY OWNED-

EMPLOYMENT INFORMATION (Dates: From/To -#Months/Yrs -#Hours/Week)

SCHOOL PLANS

School I plan to attend (if school is not been made):	chosen at this time, please	list schools to which a	application has
School			
Street Address			
City	State	Zip	
School I will attend is: 4-Yr Coll/Univ	2-Yr Comm/Jr. Coll	Voc/TechOthe	r
	Circle undergraduate level: 1 2 3 4		
Major or course of study is			
Anticipated date of graduation from co	ollege: Month Year		

HIGH SCHOOL INFORMATION

School Name	Graduation Date//
Street Address	
City	State Zip
Principal	School Phone () -
	ASTIC ACHIEVEMENT
must have the following section completed	ot completed one full semester or post-secondary education by an appropriate school official:
Test Scores: Use actual scores, <u>not</u> percent	ages:
SAT-Verbal Math Writing _	Total SAT ACT-Composite
Passing grade scale ranges fromto 1	100.
Cumulative grade point average is	on ascale.
Applicant ranks in a class of	_
School Official's Signature	Date//
Title	School Phone()
TRANSO	CRIPT REQUIREMENTS
	eir LATEST TRANSCRIPT or a copy of LAST
	inal spring grades. If the transcript must be mailed by the

IT IS YOUR RESPONSIBILITY TO CONFIRM TRANSCRIPT HAS BEEN MAILED.

FINANCIAL INFORMATION

Please provide income and tax figures direct from your parents / guardians <u>last</u> completed and filed tax return. Also attach a copy of page one and two of that form (1040) to this document. Black out all social security numbers and include a copy with this application.

Please show combined income of parent(s) as reported on the Federal Income Tax Return Attached.
Total Income. (1040 on # 6)
Additional Income and Adjustments to Income Business Income (line #12) / Farm Income or (loss) line #18
Adjusted Gross Income (1040 line # 7)
Taxable Income (1040 line # 10)
NOTE: THE STUDENT MUST BE CLAIMED ON THE 1040 FORM TO QUALIFY FOR A SCHOLARSHIP
FINANCIAL NEEDS
Write a 500 word letter explaining any financial circumstances that you feel would best qualify you for this scholarship. Be sure to include all means of personal support, current employment, and/or anticipated employment during school sessions if any. This is to be on a separate 8 1/2 x 11 sheet titled: FINANCIAL NEEDS and attached to this Application.
OTHER SCHOLARSHIPS/GRANTS/AID
Please list all other Scholarships/Grants/Aid you have received or applied for on a separate 8-1/2 x 11 sheet, TITLED: OTHER SCHOLARSHIPS , and attach to this application. Please list the following information: Date applied, Scholarship provided by what source, amount applied for, date awarded, or date of expected notification, contact address/person, amount granted/received.
Check if applicable
I have qualified for Florida Bright Futures – Percentage: Tuition dorm I have a Florida pre-paid scholarship Plan for - Tuition dorm I have qualified for the Hope Scholarship, or other scholarship that is unique to my perspective college. 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/

REFERENCE LETTER

Applicant's Name (print)	
I am applying for a Kiwanis Scholarship. I desire that requested on this form. I hereby release you from an information requested. Applicant's Signature	
The applicant shall request this reference letter to be a high school or college counselor, advisor, teacher supervisor, or member of the clergy. NOTE TO pers reaction concerning this applicant to the qualities list the scale for each quality. If you have no information comments.	completed by just three of the following persons: either or professor; or a business or medical professional, ons providing references: We would appreciate your ed on this form. Please check an appropriate point on a, check "Don't know" for that item. Space is allowed for u would care to submit concerning this applicant. You
I have known the applicant for years in my ca	apacity as
Signature	Date
Name (print)	Phone ()
Street Address	
City State	Zip
	Excellent Strong Average Weak Don't know
1 Personal Integrity Applicant is honest in financial and intellectual relationships	
2. Spiritual Commitment - Applicant show evidence of dedication to Judeo Christian life and work.	
3. Social Concern – Applicant demonstrates desire for involvement with others including those of varied social and ethnic backgrounds.	
4. Perseverance – Applicant has shown ability to remain with a situation to its conclusion in spite of	
difficulty. 5. Self-direction – Applicant is capable of managing time	
and work effort without external motivation or supervision.	
Maturity – Applicant shows ability to make judgment with wisdom.	
7. Commitment to family – Applicant conducts his life and activities in harmony with family members.	
8. Appearance – Applicant is clean and neat and appropriate in dress for occasion.	
9. Relationships – Applicant gets along with people.	
10. Self-control – Applicant demonstrates emotional ability under stress.	
11. Educational Choice – Applicant's choice of post- secondary education	

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I have known the applicant for years in my ca	apacity as				
Signature		Date			
Name (print)		Phone (_)	·	
Street Address					-
City State			Zip		
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COMMENTS:

KIWANIS FAMILY MEMBERSHIP

If you belonged to \underline{any} of the following Kiwanis Leadership Programs, please complete the following:

HIGH SCHOOL: KEY CLUB
SCHOOL ATTENDED:
YEARS IN CLUB: ADVISOR
SCHOOL ATTENDED:
YEARS IN CLUB: ADVISOR
MIDDLE SCHOOL: BUILBERS CLUB
SCHOOL ATTENDED:
YEARS IN CLUB (8 th Grade): ADVISOR
SCHOOL ATTENDED:
YEARS IN CLUB (7 th Grade): ADVISOR
SCHOOL ATTENDED
YEARS IN CLUB (6 th Grade): ADVISOR
ELEMENTARY SCHOOL: K-KIDS CLUB
SCHOOL ATTENDED:
YEARS IN CLUB: ADVISOR
SCHOOL ATTENDED:
YEARS IN CLUB: ADVISOR
SCHOOL ATTENDED:
YEARS IN CLUB: ADVISOR
SCHOOL ATTENDED:
YEARS IN CLUB: ADVISOR

Application package (1 -9) revised 5/1/14