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 CORNOR 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	SS#	
Student e-mail address		

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 and any 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 March 31st.

PARENT/GUARDIAN INFORMATION

Last	First		Middle
Living Married Divorced			
Address			
Street		Apt#	
City	State	Zip	
Employer			
Address			
City	State	Zip	
Phone Number _()	_		
Mother's Name			
Last	First		Middle
iving Married Divorced			
Address			
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. 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 collage 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)

FOR STATISTICAL PURPOSES ONLY

____MALE ___ALASKAN NATIVE ___AMERICAN INDIAN ___ASIAN/PACIFIC ISLAND ___FEMALE ___BLACK ___CAUCASIAN __HISPANIC ___HAITIAN ___OTHER

Street Address

SCHOOL PLANS

School I plan to attend (if school is not chosen at this time, please list schools to which application has been made):

School_____

~.

City_____State____Zip____

School I will attend is: 4-Yr Coll/Univ ___ 2-Yr Comm/Jr. Coll.__ Voc/Tech ____Other _____

Circle undergraduate level: 1 2 3 4

Major or course of study is_____

Anticipated date of graduation from college: Month _____Year _____

HIGH SCHOOL INFORMATION

School Name	Graduation Date//
Street Address	
City	StateZip
Principal	School Phone()
	SCHOLASTIC ACHIEVEMENT
	who <u>have not completed one full semester</u> or post-secondary education n completed by an appropriate school official:
Test Scores: Use actual score	, <u>not</u> percentages:
SAT-Verbal Math	Total SAT ACT-Composite
Passing grade scale ranges fro	nto 100.
Cumulative grade point average	e is on ascale.
Applicant ranks in a cl	ss of
School Official's Signature	Date//
Title	School Phone()

TRANSCRIPT REQUIREMENTS

Student must enclose an official copy of their <u>LATEST TRANSCRIPT</u> or a copy of <u>LAST</u> <u>SEMESTER'S REPORT</u>. <u>Do not wait</u> for final spring grades. If the transcript must be mailed by the school, check here _____.

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 to this page. (1040EZ or 1040A, 1040)

Please show combined income of parent(s) as reported on the Federal Income Tax Return Attached.

Wages, salaries, tips, etc. (1040EZ on # 1, or 1040A on # 7, or 1040 on # 7)

Business Income (line #12) / Farm Income or (loss) line 1040) line #18

Adjusted Gross Income (1040EZ line # 4, 1040A line # 21, 1040 line # 37)

Taxable Income (1040EZ line # 6, 1040A line # 27, 1040 line # 43)

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 the Kiwanis be fully advised of the information requested on this form. I hereby release you from any and all liability for damages for providing the information requested.

Applicant's Signature

The applicant shall request this reference letter to be completed by just three of the following persons: either a high school or college counselor, advisor, teacher or professor; or a business or medical professional, supervisor, or member of the clergy. NOTE TO persons providing references: We would appreciate your reaction concerning this applicant to the qualities listed on this form. Please check an appropriate point on the scale for each quality. If you have no information, check "Don't Know" for that item. Space is allowed for comments.

We would also appreciate any further information you would care to submit concerning this applicant. You may use the reverse side of this form or you may contact Lehigh Acres Kiwanis Club at P.O. Box 635, Lehigh Acres, Florida 33970-0635

I have known the applicant for years in my c	apacity as	·	
Signature	Date		
Name (print)	Phone (.)	
Street Address			
City State		Zip	
	Excellent Strong A	werage 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.			
 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.			
 Self-direction – Applicant is capable of managing time and work effort without external motivation or supervision. 			
 6. Maturity – Applicant shows ability to make judgment with wisdom. 			
7. Commitment to family – Applicant conducts his life and activities in harmony with family members.			
 Appearance – Applicant is clean and neat and appropriate in dress for occasion. 			
9. Relationships – Applicant get along with people.			
10. Self-control – Applicant demonstrates emotional ability under stress.			
11. Educational Choice – Applicant's choice of post- secondary education			

COMMENTS:

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I have known the applicant for years in my c	capacity as _				
Signature	I	Date			
Name (print)	F	Phone ()		-
Street Address					-
City State			Zip		
	Excellent	Strong	Average	Weak Do	on't Know
1 Personal Integrity Applicant is honest in financial and intellectual relationships					
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I have known the applicant for years in my c	apacity as			_•
Signature	Date	e		-
Name (print)	Pho	ne ()		-
Street Address				_
City State		Zip		
	Excellent Str	ong Average	e Weak D	on't Know
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COMMENTS:

KIWANIS FAMILY MEMBERSHIP

If you belonged to <u>any</u> 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