



Kiwaniis[®]

INDIANA DISTRICT

Kiwaniis Club of _____

Address _____

City, State, Zip _____

Date _____

To: School Counselor

Dear _____

Attached is an application for a \$1,000 scholarship provided by the Indiana Kiwanis Foundation. If you need additional applications, you are free to make copies.

- Please advertise the availability of the scholarship to your graduating seniors.
- The applicants **MUST** attend a school in Indiana for their post-high school education to qualify.
- A transcript of grades must accompany the application
- Please remind students to **not use** the back side of the application form. They should attach extra pages for additional information.
- The scholarship application can be found in a format that can be typed then printed on our website at www.indkiw.org. The forms cannot be submitted online, only typed and filled in and then printed for submission.
- The applications must be returned to the Kiwanis Club of _____ no later than **February 15, 2019**.

• Please return to:

Name _____

Street Address _____

City _____ ZIP _____

Bus. Phone _____ Home Phone _____

Email: _____

Sincerely,

Kiwaniis Club Scholarship Chairperson

This is your cover letter to the student or school.

KIWANIS INDIANA FOUNDATION, INC.

2019 Scholarship Application



Information & Instructions for Applicant

- The deadline for submitting this application to your local Kiwanis Club is FEBRUARY 15, 2019.
- Submit your completed application and high school transcript to your local Kiwanis Club.
- This is a one-time award of \$1000.00. Applicant **MUST** attend a school in Indiana for their post-high school education to qualify for this award.
- All sections must be completed, and the Sponsoring Kiwanis Club information must also be completed by the local Kiwanis Club President or Club Representative.

Applicant's Last Name: _____

First Name: _____ Male or Female

Phone: (____) _____

Street Address: _____

City: _____

State / Zip: _____

Email Address: _____

Are you a Key Club Member? Yes or No

If yes, year(s) a member 20__ to 20__

College / Other Schools you plan to attend:

Degree and Career Goals, if known:

Is your father a Kiwanis Member? Yes or No

Club Name: _____

Is your mother a Kiwanis Member? Yes or No

Club Name: _____

Have you received other scholarships? _____

If yes, please list them. _____

PLEASE TYPE or PRINT ENTIRE FORM

Attach extra pages as necessary
Do not use the back of this form

Attachment #1

List Extra-Curricular High School Activities & Identify your Leadership Role(s)

Attachment #2

List your Leadership Role in Community Activities (Church, 4-H- Scouts, etc.)

Attachment #3

List your Community Service & Estimate # of Hours
(Sophomore – Senior Years)

Attachment #4

List your Part-Time Work – Number of Hours (Soph.-Senior Years)

Academic Achievement GPA as of 12/31/2018:

SAT SCORES

Verbal _____ Math _____ Writing _____ TOTAL _____

ACT SCORES

English _____ Math _____ Reading _____
Science _____ Composite _____ English/Writing _____

Scholarship Applicant's Signature

Date: _____

SECTION MUST BE COMPLETED BY SPONSORING KIWANIS CLUB

Kiwanis Club/Division: _____

Club Mailing Address: _____

City: _____ St: _____ Zip: _____

Club President's Name: _____

President's Email: _____

Signature of Club President: _____

President's Phone: (____) _____

Sponsoring Kiwanis Club MUST return completed application ON or BEFORE March 15, 2019 (late applications will not be considered).