

Kiwanis Foundation of Worcester Annual Scholarship Application

Please Type or Print All Information. If Space Provided Is
Not Adequate, You May Include Additional Sheets

APPLICATION DEADLINE IS SEPTEMBER 1, 2019

Applicant Data Last Name _____ First _____ MI _____
Permanent Address _____
City _____ State _____ Zip _____
Birth Date _____ Tel # _____
Email Address _____

Kiwanis Member Sponsor Info Last Name _____ First _____
Tel # _____
Relationship to applicant: _____

Post-Secondary School Data Post-Secondary School You Plan To Attend:
School _____ City _____ State _____
Type of School: 4 Year College/Univ _____, 2 Year College/Univ _____
Vocational/Technical _____, Other(Specify) _____
Year of Post-Secondary Program entering:
Freshman _____, Sophomore _____, Junior _____, Senior _____,
Major _____ Anticipated Date of Grad. _____
Anticipated Tuition _____

Work Experience On a separate sheet, please describe your work experience during the last four years

Activities and Awards On a separate sheet, please describe any extracurricular or community volunteer activities you have participated in along with awards received.

Goals and Aspirations On a separate sheet, in 50 -150 words, please describe your personal and career goals and aspirations as they relate to your educational plans.

Transcript Information 1. **High School Seniors** and students who have completed less than **one full year** of **post-secondary** school **must** include a high school transcript and have the rest of this section completed by an appropriate school official.

2. Students currently enrolled in years 2 through 4 of post-secondary school must provide **ALL** College or Voc/Tech transcription of grades but do not need to have this section completed.

Name of High School _____
Applicant's Graduating Class _____ Applicant's Class Rank _____
Cumulative GPA _____/4.0 Scale
SAT Verbal _____ Math _____ ACT English _____ Math _____
School Official's Name _____ Title _____
School Official's Signature _____ Date _____

Letters of Recommendation Please include a letter of recommendation from someone other than a family member (teacher, employer, coach, religious leader, etc.)

Unusual Circumstances On a separate sheet, please describe how any family or personal circumstances have affected your school performance, your employment history, or your ability to participate in extracurricular activities.

Application Deadline These materials must be postmarked by **September 1st** and mailed to the following address:
Kiwanis Foundation of Worcester, PO Box 20275, Worcester MA 01602
Or kiwanisworcester@yahoo.com.

Selection of Recipients Selection of recipients may take as long as eight weeks from the deadline date. Recipients will be selected by the Kiwanis Scholarship Committee.

Check Checks will be made out to the recipient.
Checks will be presented in person by the scholarship sponsor and Kiwanis committee members in January after we have received student's current 1st quarter grades.

Certification I certify that the information provided here is complete and accurate to the best of my knowledge.

Signature _____ Date _____