

# WEST GEAUGA KIWANIS CLUB SCHOLARSHIP APPLICATION

Eligibility for this award is limited to those students who are (were) permanent residents within the West Geauga Kiwanis Service area (West Geauga School District) at the time of their high school graduation. Scholarships are available to qualified high school graduates within two (2) years of graduation. You can only apply for this scholarship once.

Scholarship recipients must have plans to continue their education full-time at a college, university, or accredited vocational institution during the fall of the year the award is received. Applications will be based on academic grades, leadership qualities, school related activities, community involvement, self improvement, financial need, and personal character.

## STUDENT INFORMATION

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

CAREER INTEREST: \_\_\_\_\_

## FAMILY INFORMATION

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

NUMBER OF CHILDREN IN YOUR FAMILY: \_\_\_\_\_

NUMBER OF CHILDREN CURRENTLY IN COLLEGE: \_\_\_\_\_

YEAR(S): \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICANT ACTIVITY**

- A. SCHOLARSHIP:**  
Cumulative Grade Point Average \_\_\_\_\_ Maximum Points \_\_\_\_\_  
Number of Students in Your Class \_\_\_\_\_ Class Rank \_\_\_\_\_  
**PLEASE INCLUDE YOUR MOST RECENT TRANSCRIPT.**
- B. ACTIVE COMMUNITY SERVICE AND NUMBER OF YEARS INVOLVED.**
- C. LEADERSHIP (CLASS OFFICER, CLUB OFFICER, TEAM CAPTAIN, ETC.)**
- D. EXTRA CURRICULAR SCHOOL ACTIVITIES AND YEARS INVOLVED.**
- E. AWARDS OR RECOGNITION RECEIVED.**
- F. PART-TIME EMPLOYMENT (PLEASE INCLUDE RESPONSIBILITIES).**
- G. SCHOLARSHIPS OR OTHER FINANCIAL AID APPLIED FOR AND/OR RECEIVED.**
- H. INCLUDE A LETTER EXPLAINING WHY YOU FEEL YOU SHOULD BE CONSIDERED FOR THIS AWARD. STATE YOUR GOALS AND DESCRIBE ANY SPECIAL CIRCUMSTANCES THAT YOU FEEL SHOULD BE CONSIDERED BY THE SCHOLARSHIP COMMITTEE.**

**NOTE:**

**B, C, D, & F –Minimum requirement of 3 letters of recommendation is required from any of these categories (advisor, teacher, coach, and/or supervisor).**

\*If additional space is required for the questions listed above, please use the back of this page or an additional sheet of paper.