

Dear Scholarship Applicant:

Attached you will find the application for the West Geauga Kiwanis Club's Scholarship Award. The Kiwanis Club will award scholarships to applicants based upon and evaluation of students:

- Academics
- Community Service
- Initiative
- Extra Curricular Activities
- Recommendations
- Their Essay
- Interviews

It is important that your application is completely filled out and letters of recommendation and your most recent transcript are included.

QUALIFICATIONS:

- Applicants must be (have been) a permanent resident in the West Geauga School District at the time of their high school graduation.
- Applicants 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.
- Applicants may only apply for the Scholarship once.

SCHOLARSHIP TIMETABLE AND SCHEDULE

APPLICATION IS DUE: April 2, 2019

INTERVIEW SCHEDULE: April 8, 2019

INTERVIEWS: April 13-14, 2019

SCHOLARSHIP AWARDS: To be determined

Completed applications are to be mailed to the following address, or emailed to :

Jeff Kershaw
Scholarship Chairperson
9401 Shadow Hill Trail
Chesterland, OH 44026
wgkiwanis@interceptpdm.com

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WEST GEAUGA KIWANIS CLUB SCHOLARSHIP APPLICATION

STUDENT INFORMATION

NAME: _____ AGE: _____ SEX: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

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

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APPLICATION QUESTIONS

A. ACADEMICS: PLEASE INCLUDE YOUR MOST RECENT TRANSCRIPT.

Cumulative Grade Point Average _____

B. COMMUNITY SERVICE: PLACE IN ORDER OF EFFORT AND IMPORTANCE TO YOU. ALSO INCLUDE YEARS INVOLVED AND ESTIMATED HOURS.

- 1. _____ Yrs _____ Hrs _____
- 2. _____ Yrs _____ Hrs _____
- 3. _____ Yrs _____ Hrs _____
- 4. _____ Yrs _____ Hrs _____
- 5. _____ Yrs _____ Hrs _____
- 6. _____ Yrs _____ Hrs _____

C. LEADERSHIP: LEADERSHIP (CLASS OR CLUB OFFICER, TEAM CAPTAIN, ETC.), CLUB OR ACTIVITY START-UP, (I.E. STARTED THE DEBATED CLUB). OR SOMETHING SPECIAL YOU TOOK INITIATIVE ON.

- 1. _____ Yrs _____
- 2. _____ Yrs _____
- 3. _____ Yrs _____
- 4. _____ Yrs _____
- 5. _____ Yrs _____
- 6. _____ Yrs _____
- :

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**D. EXTRA CURRICULAR: SCHOOL ACTIVITIES (SPORTS, BAND, CLUBS, ETC.)
OUTSIDE ACTIVITIES (4H, HOBBIES, ETC.)
PLACE IN ORDER OF EFFORT AND IMPORTANCE TO YOU. ALSO INCLUDE
YEARS INVOLVED AND ESTIMATED HOURS.**

- 1. _____ Yrs _____ Hrs _____
- 2. _____ Yrs _____ Hrs _____
- 3. _____ Yrs _____ Hrs _____
- 4. _____ Yrs _____ Hrs _____
- 5. _____ Yrs _____ Hrs _____
- 6. _____ Yrs _____ Hrs _____

E. AWARDS OR RECOGNITION:

F. PART TIME EMPLOYMENT HELD WITH LEADERSHIP OR RESPONSIBILITIES:

G.SCHOLARSHIPS OR OTHER GRANTS AND AID RECIEVED OR APPLIED FOR:

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RECOMMENDATIONS: PLEASE PROVIDE 3 LETTERS OF RECOMMENDATION, CHECK IF INCLUDED OR WILL BE SENT DIRECTLY FROM RECOMMENDER.

1. _____ INCL ___ TO BE SENT _____

2. _____ INCL ___ TO BE SENT _____

3. _____ INCL ___ TO BE SENT _____

REQUEST FOR CONSIDERATION: PLEASE PROVIDE A 1-2 PAGE LETTER WHICH INCLUDES:

- **THE REASONS YOU SHOULD BE CONSIDERED FOR THIS AWARD.**
- **HOW SERVING COMPLIMENTS YOUR GOALS.**
- **SPECIAL CIRCUMSTANCES THAT YOU FEEL SHOULD BE CONSIDERED.**

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