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 **STUDENT INFORMATION** 

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# WEST GEAUGA KIWANIS CLUB SCHOLARSHIP APPLICATION

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 YOU	JR FAMILY:		
NUMBER OF CHILDREN CURRI	ENTLY IN COLLEGE	::	
YEAR(S):			

Signature of Applicant Date

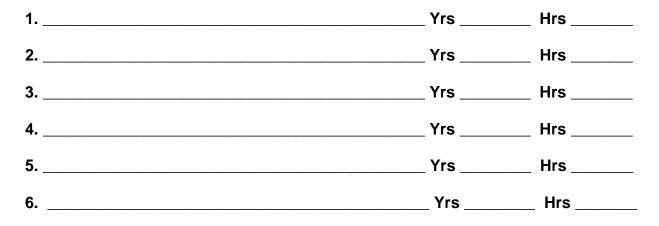
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#### **APPLICATION QUESTIONS**

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.



**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.



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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 <u>3 LETTERS</u> 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 PROVED 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 CONSIDERED.

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