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**EDINBORO KIWANIS FOUNDATION**

**SCHOLARSHIP**

The Kiwanis Club of Edinboro is dedicated to changing the world one child and one community at a time through its service programs and activities. The Club, through its Foundation, will award at least two scholarships per year for a minimum of $1,000 each. This is a one-time award and is currently not renewable. The scholarship will be awarded for the fall semester and will be sent directly to the student.

**Criteria**

1. Applicant must be a current senior or a graduate of General McLane or Northwestern High School.
2. Applicant must be planning to pursue post-secondary education at an accredited institution.
3. Applicant must be a citizen of the United States.
4. Applicant must have at least a B average in high school.
5. Applicant must submit his/her SAT/ACT scores, grade point average, transcripts and his/her class rank.
6. At least one (1) letter of reference is required; maximum of three (3).
7. Preference will be given to applicants who:
	1. Have been active in high school activities
	2. Have been active in community activities (volunteerism, employment, etc.)
	3. Have been a member of a Kiwanis sponsored club (K-Kids, Builders Club, Key Club, Circle K, etc.)

**Instructions for applying**

**Additional copies of this application may be obtained from the secretary of the Kiwanis Club of Edinboro or online at** [**www.edinborokiwanis.org**](http://www.edinborokiwanis.org)**.**

 The completed application, along with a transcript of grades, must be received no later than April 1 and should be sent to:

**Kiwanis Club of Edinboro**

**Scholarship Committee**

**P.O. Box 701**

**Edinboro, PA 16412**

**EDINBORO KIWANIS FOUNDATION**

**SCHOLARSHIP APPLICATION**

Application must be typed. If additional space is needed, please use a separate sheet and identify by using title and item number indicated on original application.

*This completed document will serve as my application to the Kiwanis Club of Edinboro for an Edinboro Kiwanis Foundation Scholarship. I declare the responses made by me in completing this application are true and correct. I understand the information provided will be considered confidential.*

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENERAL INFORMATION**

1. Name:

 Last First MI

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a citizen of the United States? \_\_\_\_YES \_\_\_\_NO

1. Home address:

How long have you lived in this area?

Telephone:

High school attended:

**EDUCATIONAL PLANNING**

1. I plan to pursue an academic program in the field(s) of:

1. I have submitted applications to the following colleges/universities:

 NAME OF SCHOOL Admitted Pending

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  

**ACADEMIC HONORS**

1. List academic honors and date(s) received.

**EXTRA-CURRICULAR ACTIVITIES**

1. List school organizations in which you were an active member. Indicate length of membership and any offices held in the organization. Include all clubs, athletic teams, performing arts groups, student government, service groups, etc.

**NON-SCHOOL ACTIVITIES AND COMMUNITY SERVICE**

1. List all volunteer service performed with non-school groups. Provide dates of participation and indicate any leadership role(s) in the group. Include church/religious activities, political, civic, youth, service organizations, etc.

**EMPLOYMENT**

1. List employment during your high school years. Indicate the position(s) or work experience and dates you worked.

**REFERENCES**

1. Identify two individuals (non-family members) you have contacted for references. These people will confirm your education and career plans and vouch for your character.

NAME PHONE

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION BY PARENT OR GUARDIAN**

*I hereby declare that I have read the foregoing statements and declare them to be accurate to the best of my knowledge.*

Printed name of parent/guardian:

Signature of parent/guardian:

Address:

Telephone:

If you have any questions, call 814-734-1215 or email ladyp@coaxpa.com.

SUBMIT COMPLETED APPLICATION, NO LATER THAN APRIL 1, TO:

**Kiwanis Club of Edinboro**

**Scholarship Committee**

**P.O. Box 701**

**Edinboro, PA 16412**