

# KIWANIS EDUCATIONAL FOUNDATION, INC.

MINNESOTA-DAKOTAS DISTRICT of KIWANIS INTERNATIONAL

**\$ 700.00 ONE-YEAR SCHOLARSHIP GRANT APPLICATION**

**APPLICATION DEADLINE**

**JANUARY 23, 2023**

**PART I Electronic Application**

Date November 1, 2022

**Minnesota-Dakotas District of Kiwanis Educational Foundation**

Address 914 Southern Pine Ln SW

City Rochester, MN

ZIP 55902-1858

Jack Zierdt, Secretary/Treasurer Kiwanis Educational Foundation

**INSTRUCTIONS:** The completed form may be photocopied as frequently as needed.

**PART II School Information:** *Please type or print.*

School Name \_\_\_\_\_ Graduation Date \_\_\_\_\_

Official High School Name

Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Circle MN ND SD WI ZIP \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

**INSTRUCTIONS:** Please adhere to the following qualifications. Applicants must be a graduate from a high school in Minnesota, North Dakota, South Dakota or Superior, Wisconsin and must attend a college or university located in Minnesota, North Dakota, South Dakota or Superior, Wisconsin.

**ATTACHMENTS REQUIRED:** *the applicant's letter; a copy of the applicant's transcript; the nominating school staff member's letter of recommendation addressing the applicant's character, attitude, and level of responsibility.*

**PART III Student Information: Please type or print**

Name Printed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Circle MN ND SD WI ZIP \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Contact Information: Phone Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

With whom do you live? (Please circle one.) Parents Parent Guardian

Name(s) \_\_\_\_\_

Occupation(s) \_\_\_\_\_

Address (If different from student's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Brothers and Sisters Name	Age	Attending College? Y/N	Name	Age	Attending College? Y/N
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

College or University you most likely will be attending? \_\_\_\_\_

**NOTE:** Scholarship may only be used in institutions of post-secondary education located in: **Minnesota, North Dakota, South Dakota and Superior, Wisconsin.**

**INSTRUCTIONS:** A student letter must be attached. Your letter should include the following:

- An introduction of yourself;
- Academic awards and honors;
- Extracurricular activities and awards;
- Community service performed;
- Organizations to which you belong in your school;
- Tell about your plans for using your post-secondary education.

Please do not hesitate to add anything that may aid the committee in making a selection such as family situations or financial need. **Return this form with your letter to the school person who gave it to you.**

**APPLICATION DEADLINE                      JANUARY 23, 2023**

**This application must be submitted to the OHS Office (Shannon DeWitz) by 4:00pm on Monday, January 23, 2023.**