KIWANIS CLUB OF WEST SENECA

2027 SCHOLARSHIP APPLICATION

The criteria of this $500 scholarship is academics, leadership, service, and financial need. Please complete ***this entire form*** to the best of your ability.

High School_____

Name_____

Address_____Zip Code_____

Phone number_____Cell phone number_____

Parent/Guardian Names_____

College or University attending_____

Major field of study_____Tuition_____

Room & Board _____

Total annual income of parents or guardians (***Please circle below***)

Below $20000	$50000 to $74999
$20000 to $34999	$75000 to $100000
$35000 to $49999	Over $100000

List names, ages and grade levels of any brothers and/or sisters.

_____ age____grade_____
_____ age____grade_____
_____ age____grade_____
_____ age____grade_____
_____ age____grade_____

Are any of these dependent family members attending college? _____

If so, which college/university? _____

Overall GPA (grades 9-11)_____ Class Rank_____/_____

List **school extracurricular activities** in which you participate. Include any leadership roles.

List **out of school activities** (scouting, church, community, etc.) in which you participate.

List any **volunteer work**: **List the place, type, years and hours per year:**

List any work experience:

List any awards and/or achievements.

Briefly discuss your educational goals.

Briefly describe your financial need and any special circumstances to be considered.

Signature of Applicant Date

Signature of Parent or Guardian Date

RETURN COMPLETED APPLICATION TO KIWANIS CLUB
PO BOX 451 WEST SENECA, NY 14224

DEADLINE: March 18, 2027