

KIWANIS CLUB OF MORRILTON-T. O. ADAMS, JOE GUNDERMAN & CARROLL TRENT SCHOLARSHIP APPLICATION

FULL NAME _____
Last Name First Middle

HOME ADDRESS _____

DATE OF BIRTH _____ SOC SEC NO _____

GENERAL HEALTH: Excellent _____ Good _____ Fair _____ Poor _____

NAME & ADDRESS OF PARENTS _____

IS EITHER PARENT DECEASED? _____ WHICH ONE? _____

DO YOU HAVE RELATIVES WHO ARE MEMBERS OF A KIWANIS CLUB? _____

PLEASE LIST THEIR RELATION AND WHICH CLUB. _____

LIST ALL HIGH SCHOOLS ATTENDED

School Name	Location	Dates Attended	Principal
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WHEN DO YOU EXPECT TO GRADUATE? _____ WHAT IS YOUR GPA? _____

ACT COMPOSITE SCORE WAS _____ EXPECTED COLLEGE MAJOR _____

1st COLLEGE CHOICE: _____ APPLIED? Yes No

2nd COLLEGE CHOICE: _____ APPLIED? Yes No

WHICH HAVE YOU BEEN ACCEPTED? _____

HIGH SCHOOL AWARDS, HONORS, and RECOGNITIONS _____

SCHOOL ACTIVITIES YOU PARTICIPATED IN (Include year(s) of your participation and any offices held)

LIST **NON-SCHOOL** ACTIVITIES YOU PARTICIPATED IN _____

WILL YOU GO TO COLLEGE WHETHER OR NOT YOU RECEIVE ASSISTANCE? _____

LIST SCHOLARSHIPS YOUR HAVE RECEIVED, INCLUDING THE AMOUNT AND DONOR.

LIST OTHER FINANCIAL AID YOU WILL, OR HOPE TO RECEIVE. _____

USE THE SPACE BELOW TO STATE, IN YOUR OWN WORDS, WHAT YOUR EDUCATIONAL OBJECTIVES ARE, THE OCCUPATION YOU ARE PREPARING FOR, AND WHY YOU SHOULD BE THE SCHOLARSHIP RECIPIENT. _____

REFERENCES

NAME

ADDRESS

TELEPHONE

CERTIFICATION

All of the above statements are true and correct. I feel that I am eligible to apply for a scholarship, and agree to abide by the decision of the Morrilton Kiwanis Club selection committee.

Applicant's Signature

Date