

\$1000,00 SCHOLARSHIP APPLICATION FOR 2024 HIGH SCHOOL SENIORS

DELIVER TO SPONSORING KIWANIS CLUB BY JANUARY 26, 2024

EARL COLLINS FOUNDATION SCHOLARSHIP COMMITTEE MISSOURI-ARKANSAS DISTRICT, KIWANIS INTERNATIONAL (Type or print all information)

NAME OF STUDENT,(First)	(Middle)		(Last)	
STUDENT'S MAILING ADDRESS			(,	
CITY	(Street of Box Number)	STATE	ZIP	
	CELL#			
AGE GRADUATES IN	(IF AVAILABLE) RANKS (#)	(IF AVAILABI	E) IN CLASS C	OF (#)
	TO PREPARE FOR			
	RDIAN			
PARENT (S) OR GUARDIAN'S MA	AILING ADDRESS			
	(Street	or Box Number) STATE	ZIP _	
	CELL#			
ADJUSTED GROSS INCOME OF (Scholarship winners may	PARENT(s) \$	_)40, for 2022 befor	e checks will be	issued)
	WILL BE ATTENDING COLLEGE II			,
DOES YOUR SCHOOL HAVE A K	XEY CLUB?IF YES, YEARS	OF MEMBERSHIP	O (INCLUDING	THIS YEAR)
* I certify that all information	on is true and correct: (Sign	ature of Applic	ant)	
Completed Earl Collins Sch Transcript Records from hig Two letters or recommenda Volunteerism & Leadership Educational Objective – On	ARE SUMITTING THESE ITEMS colarship Application in school principal/counselor (include tition supporting the applicant from factivities (include Key Club, Key Leade 8 ½ x 11 sheet with a statement of till listing honors you're received such	the ratio of the app culty members fami ler & Kiwanis <u>involv</u> your educational p	liar with applica ement)–One 8 <i>1</i> lans and goals.	nt's work & college plans. <u>4 x11 sheet</u> listing activities
Submit to Kiwanis Club			_ Date	
Club President	(Sponsoring Kiwanis Club)	_		
(Printed Name)		***************************************	(Signature)	
Address	CITY		STATE	ZIP