# KIWANIS INDIANA FOUNDATION, INC.
## 2020 Scholarship Application

**Information & Instructions for Applicant**

- The deadline for submitting this application to your **local Kiwanis Club** is *March 2, 2020*.

- Submit your completed application and high school transcript to your local Kiwanis Club.

- This is a one-time award of $1000.00. Applicant **MUST** attend a school in Indiana for their post-high school education to qualify for this award.

- **All sections must be completed, and the Sponsoring Kiwanis Club information must also be completed by the local Kiwanis Club President or Club Representative.**

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Applicant's Last Name*:* _____

First Name: _____ Male or Female

Phone: (_____) _____

Street Address:

_____

City: _____

State / Zip: _____

Email Address: _____

Are you a Key Club Member?       Yes or No

If yes, year(s) a member 20_____ to 20_____

College / Other Schools you plan to attend:

_____
_____
_____

Degree and Career Goals, if known:

_____
_____
_____
_____

Is your father a Kiwanis Member?   Yes or No

Club Name: _____

Is your mother a Kiwanis Member?   Yes or No

Club Name: _____

Have you received other scholarships? _____
If yes, please list them. _____

_____
_____
_____

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**PLEASE TYPE or PRINT ENTIRE FORM**
**Attach extra pages as necessary**
**Do not use the back of this form**

**Attachment #1**

List Extra-Curricular High School Activities & Identify your Leadership Role(s)

**Attachment #2**

List your Leadership Role in Community Activities (Church, 4-H- Scouts, etc.)

**Attachment #3**

List your Community Service & Estimate # of Hours

(Sophomore – Senior Years)

**Attachment #4**

List your Part-Time Work – Number of Hours (Soph.-Senior Years)

**Academic Achievement**   **GPA** as of 12/31/2019: _____

### SAT SCORES

Verbal _____  Math _____  Writing _____  TOTAL _____

### ACT SCORES

English _____  Math _____  Reading _____

Science _____  Composite _____  English/Writing _____

### Scholarship Applicant's Signature

_____

Date: _____

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**SECTION MUST BE COMPLETED BY SPONSORING KIWANIS CLUB**

Kiwanis Club/Division: _____

Club Mailing Address: _____

City: _____ St: _____ Zip: _____

Club President's Name: _____

President's Email: _____

**Signature of Club President**: _____

President's Phone: (_____)_____

**Sponsoring Kiwanis Club MUST return completed application ON or**

**BEFORE March 16, 2020 (late applications will not be considered).**