

# KIWANIS INDIANA FOUNDATION, INC. 2026 Scholarship Application



## Information & Instructions for Applicant

- Submit your completed application, high school transcript, and attachments to your local Kiwanis Club.
- This is a one-time award of **\$2,500.00**. 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.**

Applicant's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Street Address:  
\_\_\_\_\_

City: \_\_\_\_\_

State / Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Were you a K-Kids, Builders Club or Key Club Member?

Yes  or No

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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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)

### Attachment #5

High School Transcript

## Academic Achievement GPA as of 12/31/2025

### SAT SCORES

Verbal \_\_\_\_ Math \_\_\_\_ Writing \_\_\_\_ TOTAL \_\_\_\_

### ACT SCORES

English \_\_\_\_ Math \_\_\_\_ Reading \_\_\_\_

Science \_\_\_\_ Composite \_\_\_\_ English/Writing \_\_\_\_

## Scholarship Applicant's Signature

Date: \_\_\_\_\_

## 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** February 28th, 2026 (late applications will not be considered).