

**Kiwanis®**  
CLUB OF UTICA-SHELBY TOWNSHIP

Names and ages of applicant's siblings living at home or in college and being claimed as a dependent on parents/guardians tax return.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**List other scholarships you have applied for, or been awarded:**

NAME OF SCHOLARSHIP	DATE OF AWARD	AMOUNT OF AWARD

**List job experience:**

EMPLOYER	TYPE OF WORK	DATES EMPLOYED	HOURLY WAGE	HOURS PER WEEK

Please state any special need for financial aid (include any special family circumstances such as unemployment, illness, death, disability, etc.).

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Please state your goals and career plans: (Attach additional sheets if more space is needed).

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Please state any additional information or comments concerning your personal situation which you feel may be helpful to the Scholarship Committee in evaluating your application: (Attach additional sheets if more space is needed).

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**High School / College/ Trade School:**

Please list non-Kiwanis school and community service. Include leadership opportunities for the past two (2) years. (Attach additional sheets if more space is needed).

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**KIWANIS KEY CLUB - If Applicable** (Attach additional sheets if more space is needed).

**Participation at events, projects and other activities with Kiwanis:**

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**Kiwanis Key Club Leadership Positions Held:**

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**Kiwanis Key Club Community Service:**

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I declare that all of the information given in this application is true and accurate to the best of my knowledge, information and belief and hereby authorize

\_\_\_\_\_ (Name of High School, Trade School, College or University) to release to the Kiwanis Club of Utica-Shelby Township Scholarship Committee, any information that may be helpful in the consideration of this application.

I UNDERSTAND THAT IF I AM AWARDED THIS SCHOLARSHIP, I MUST RETURN AN ENROLLMENT FORM TO THE KIWANIS CLUB OF UTICA-SHELBY TOWNSHIP SCHOLARSHIP COMMITTEE TO CONFIRM MY ENROLLMENT. AFTER SUBMISSION OF THE ENROLLMENT FORM, THE KIWANIS CLUB OF UTICA-SHELBY TOWNSHIP SCHOLARSHIP COMMITTEE WILL THEN ISSUE A CHECK FOR TUITION WHICH WILL BE SUBMITTED DIRECTLY TO MY INSTITUTION OF HIGHER LEARNING.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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