

KIWANIS EDUCATIONAL FOUNDATION, INC.

MINNESOTA-DAKOTAS DISTRICT of KIWANIS INTERNATIONAL

\$ 710.00 ONE-YEAR SCHOLARSHIP GRANT APPLICATION

APPLICATION DEADLINE

FEBRUARY 10, 2021

PART I Club Information: *Please type or print.*

Date _____

Kiwanis Club of _____ Division _____

Official Club Name

Address _____

City _____ Circle MN ND SD WI ZIP _____

President _____
Printed Name and Signature of Club President or Secretary

INSTRUCTIONS: Complete the above information before giving this form to the Principal or Counselor of a high school **only in the community where this club meets and/or members reside.** The completed form may be photocopied as frequently as needed.

PART II School Information: *Please type or print.*

School Name _____ Graduation Date _____

Official High School Name

Address _____ Phone Number (____) _____

City _____ Circle MN ND SD WI ZIP _____

Name _____ Title _____

Signature _____ Date _____

Name of Applicant _____

INSTRUCTIONS: Please adhere to the following qualifications. Applicants must be a graduate from a high school in Minnesota, North Dakota, South Dakota or Superior, Wisconsin and must attend a college or university located in Minnesota, North Dakota, South Dakota or Superior, Wisconsin.

ATTACHMENTS REQUIRED: *the applicant's letter; a copy of the applicant's transcript; the nominating school staff member's letter of recommendation addressing the applicant's character, attitude, and level of responsibility.*

PART III Student Information: *Please type or print*

Name Printed _____

Address _____

City _____ Circle MN ND SD WI ZIP _____

Date _____ Signature _____

Contact Information: Phone Number _____
E-Mail Address _____

With whom do you live? (Please circle one.) Parents Parent Guardian
Name(s) _____
Occupation(s) _____

Address (If different from student's) _____
City _____ State _____ ZIP _____

Brothers and Sisters Name	Age	Attending College? Y/N	Name	Age	Attending College? Y/N
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

College or University you most likely will be attending? _____
NOTE: Scholarship may only be used in institutions of post-secondary education located in:
Minnesota, North Dakota, South Dakota and Superior, Wisconsin.

INSTRUCTIONS: A student letter must be attached. Your letter should include the following:

- An introduction of yourself;
- Academic awards and honors;
- Extracurricular activities and awards;
- Community service performed;
- Organizations to which you belong in your school;
- Tell about your plans for using your post-secondary education.

Please do not hesitate to add anything that may aid the committee in making a selection such as family situations or financial need. **Return this form with your letter to the school person who gave it to you.**

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