## RETURN TO COUNSELING CENTER BY: April 12, 2019

# WALLA WALLA KIWANIS CLUB

SERVICE/MERIT SCHOLARSHIP APPLICATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | |
| Full Name: |  | | | | |  | | | | | | | |  | Date: | | |  | |
| Last | | | | | | First | | | | | | | | M.I. | | | | | |
| Address: |  | | | | | | | | | | | | |  | | | | | |
| Street Address | | | | | | | | | | | | | | Apartment/Unit # | | | | | |
|  |  | | | | | | | | | | | | |  | | |  | | |
| City | | | | | | | | | | | | | | State | | | ZIP Code | | |
| Phone: | (     ) | | | | | | | | E-mail Address: | | |  | | | | | | | |
| High School |  | | | | | | | | | | GPA | |  | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | College/University planning to attend |  | College credits already earned |  | | | | | | | | | | | | | | | | | | | | |
| Are you employed? | | | YES | NO | Employer: | | |  | | | | | | | | How long: | | |  |
| A Kiwanis Scholarship Recommendation Form is needed from 2 individuals. One must be a teacher or Counselor and the other a member of our community who is not a school employee. Please ask those you’ve selected to complete the form in time for you to return them to the Counselor’s office by the deadline noted. | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | |
| Teacher/Counselor: | |  | | | | | Address: | | |  | | | | | | | | | |
| Community Member: | |  | | | | | Address: | | |  | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | | | | | | | | | | | | | | | | | | | |
| Signatures | | | | | | | | | | | | | | | | | | | |

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Financial Information

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Name |  | | |
| ESTIMATED TOTAL COSTS PER YEAR | |  |  |
|  | | Tuition and Books | $ |
|  | | Board and Room | $ |
|  | | Transportation | $ |
| ESTIMATED FINANCIAL ASSISTANCE | |  |  |
|  | | Family Contribution | $ |
|  | | Other Awarded Scholarships | $ |
|  | | Employment Income | $ |
|  | | Personal Savings | $ |
|  | |  |  |
| What personal expenses, if any, do you expect to incur not covered by family gifts, other scholarships, work income or personal savings? | | | |
|  | | | |
|  | | | |
|  | | | |

Statement of Career Plans

|  |  |
| --- | --- |
| Applicant Name: |  |

**Please limit your statement to this one page.** It will be easier to read if computer prepared.

Please share your plans of additional education, potential employment and any plans for continued involvement in service to your school and community.

Volunteer Community Service

|  |  |
| --- | --- |
| Applicant Name: |  |

Kiwanis values community service. Please list and briefly describe your school and community volunteer service beyond school requirements. Include groups, projects, and leadership positions. Include a contact person for verification of your participation.

**Limit your information to this page.**

Service/Merit Scholarship Recommendation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name: |  | | | | |
|  | | |  | | |
| Evaluator Name: | |  | | Occupation/Position |  |

The named student is applying for a Kiwanis Service Club Service/Merit Scholarship. Please complete this form and attach a letter of recommendation. Please provide comments about the students’ personal character, volunteer service (in school or in the community), financial need and academic performance.

Please limit the letter to one page.

The deadline for student application is: **April 12, 2019**

Submit the form and letter, prior to this date, to the students’ high school counseling office.

Please rate the applicant using the chart below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Good | Good | Average | Below Average | Unable to Judge |
|  | | | | | |
| Community Service |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Analytical Ability |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Time Management |  |  |  |  |  |
| Follow Through |  |  |  |  |  |
| Punctuality |  |  |  |  |  |

Evaluator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_