



WALLA WALLA KIWANIS CLUB

SERVICE/MERIT SCHOLARSHIP APPLICATION

RETURN TO COUNSELING CENTER BY: **April 3, 2025**

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 the community, but 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 3, 2025**

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: _____