

### WALLA WALLA KIWANIS CLUB

#### SERVICE/MERIT SCHOLARSHIP APPLICATION

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

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 emp	loyed? YES NO	Employer:	How long:		
and the oth complete th	ier a member of our coi	mmunity who is not a school emp to return them to the Counselor's	dividuals. One must be a teacher or Counselor ployee. Please ask those you've selected to soffice by the deadline noted.		
	•	References			
Teacher/Cou	inselor:	Address:			
Community I	Member:	Address:			
		Signatures			
Signature of A	Applicant:		Date:		
Signatura of F	Parant / Cuardian		Data		



### 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	\$
	<b>Employment Income</b>	\$
	Personal Savings	\$
What personal expenses, if any, do you exwork income or personal savings?	xpect to incur not covered by fan	nily gifts, other scholarships,



#### 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 <u>beyond</u> 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				
form and attach a le	tter of recommendants school or in the co	ition. Please provid	de comments about	larship. Please comp the students' person ic performance.		
The deadline for stu	dent application is:	<u> April 12, 201</u> 9				
Submit the form and	d letter, prior to this	date, to the studen	its' high school cou	nseling office.		
Please rate the appl	icant using the char	t below:				
	Very Good	Good	Average	Below Average	Unable to Judge	
					<u> </u>	
Community Service						
Motivation						
Initiative						
Analytical Ability						
Communication Skills						
Leadership						
Maturity						
Time Management						
Follow Through						
Punctuality						
				•		
Evaluator's Signatu	re:		Date	g:		
Litaractor 5 Digitatur	· · · · · · · · · · · · · · · · · · ·			·	-	