## KIWANIS CLUB OF WEST SENECA



## 2023 SCHOLARSHIP APPLICATION

The criteria of this \$500 scholarship is academics, leadership, service, and financial need. Please complete *this entire form* to the best of your ability.

Address	Zip Code		
Phone number	Cell phone number		
Parent/Guardian Names			
College or University attending			
Major field of study	Tuition		
	Room & Bo	oard	
Total annual income of parents or guardia	ns ( <i>Please circle below</i> )		
Below \$20000	\$50000 to \$74999		
\$20000 to \$34999 \$35000 to \$49999	\$75000 to \$100000 Over \$100000		
List names, ages and grade levels of any b	prothers and/or sisters.		
	age	grade	
	_	_	

Overall GPA (grades 9-11)	Class Rank/
List school extracurricular activities in v	which you participate. Include any leadership role
List <b>out of school activities</b> (scouting, chu	nurch, community, etc.) in which you participate.
List any volunteer work: List the place,	type, years and hours per year:
List any work experience:	
List any awards and/or achievements.	
Briefly discuss your educational goals.	

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Briefly describe your financial need and any special circular	umstances to be considered.
Signature of Applicant	Date

## RETURN COMPLETED APPLICATION TO KIWANIS CLUB PO BOX 451 WEST SENECA, NY 14224

Date

Signature of Parent or Guardian

DEADLINE: March 29, 2023