

# 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.

High School \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

College or University attending \_\_\_\_\_

Major field of study \_\_\_\_\_ Tuition \_\_\_\_\_

Room & Board \_\_\_\_\_

Total annual income of parents or guardians (***Please circle below***)

Below \$20000

\$20000 to \$34999

\$35000 to \$49999

\$50000 to \$74999

\$75000 to \$100000

Over \$100000

List names, ages and grade levels of any brothers and/or sisters.

\_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_

Are any of these dependent family members attending college? \_\_\_\_\_

If so, which college/university? \_\_\_\_\_



Briefly describe your financial need and any special circumstances to be considered.

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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

**DEADLINE: March 29, 2023**