KIWANIS CLUB OF WEST SENECA

2026 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	$50000 to $74999
$20000 to $34999	$75000 to $100000
$35000 to $49999	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? _____

Overall GPA (grades 9-11)_____ Class Rank_____/_____

List **school extracurricular activities** in which you participate. Include any leadership roles.

List **out of school activities** (scouting, church, 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.

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

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 12, 2026