



Kiwaniis[®]

INDIANA DISTRICT

Kiwaniis Club of _____

Address _____

City, State, Zip _____

Date _____

To: School Counselor

Dear _____,

Attached is an application for a \$1,000 scholarship provided by the Indiana Kiwanis Foundation. If you need additional applications, you are free to make copies.

- Please advertise the availability of the scholarship to your graduating seniors.
- The applicants **MUST** attend a school in Indiana for their post-high school education to qualify.
- A transcript of grades must accompany the application
- Please remind students to **not use** the back side of the application form. They should attach extra pages for additional information.
- The scholarship application can be found in a format that can be typed then printed on our website at www.indkiw.org. The forms cannot be submitted online, only typed and filled in and then printed for submission.
- The applications must be returned to the Kiwanis Club of _____ no later than **March 2, 2020**.

• Please return to:

Name _____

Street Address _____

City _____ ZIP _____

Bus. Phone _____ Home Phone _____

Email: _____

Sincerely,

Kiwanis Club Scholarship Chairperson