

	Kiwanis Club of
	Address
	City, State, Zip Code
Date	
To: School Counselor	
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Dear	_,
Attached is an application for a \$1,000 scholarsh additional applications, you are free to make cop	nip provided by the Indiana Kiwanis Foundation. If you need ies.
Please advertise the availability of the so	cholarship 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 t	he application.
 Please remind students to not use the b pages for additional information. 	eack side of the application form. They should attach extra
The scholarship application can be found	d in a format that can be typed then printed on our website at
www.indkiw.org. The forms cannot be su	ubmitted online, only typed and filled in and then printed for
<u>submission.)</u>	
 The applications must be returned to the no later than 	Kiwanis Club of
Please return to:	
Name	
Street Address	
City	Zip Code
Bus. Phone	Home Phone
Email	

Sincerely,

Terry White, Scholarship Chair