KIWANIS INDIANA FOUNDATION, INC. 2024 Scholarship Application

Information & Instructions for Applicant

- Submit your completed application, high school transcript, and attachments to your local Kiwanis Club.
- This is a one-time award of \$1000.00. Applicant **MUST** attend a school in Indiana for their post-high school education to qualify for this award.

	PLEASE TYPE or PRINT ENTIRE FORM Attach extra pages as necessary
Applicant's Last Name:	Do not use the back of this form
First Name:	Attachment #1 List Extra-Curricular High School Activities & Identify your Leadership
Phone: ()	Role(s)
Street Address:	Attachment #2
Street Address.	List your Leadership Role in Community Activities (Church, 4-H- Scout etc.)
City:	Attachment #3
State / Zip:	List your Community Service & Estimate # of Hours
Email Address:	(Sophomore – Senior Years) Attachment #4
	List your Part-Time Work – Number of Hours (SophSenior Years)
Are you a Key Club Member? Yes or No	Attachment #5
If yes, year(s) a member 20 to 20	High School Transcript
College / Other Schools you plan to attend:	Academic Achievement GPA as of 12/31/2023:
	SAT SCORES
	Verbal Math Writing TOTAL
	ACT SCORES
Degree and Career Goals, if known:	English Math Reading
	Science Composite English/Writing
	Scholarship Applicant's Signature
	Date:
Is your father a Kiwanis Member? Yes or No	SECTION MUST BE COMPLETED BY SPONSORING KIWANIS C
Club Name:	Kiwanis Club/Division:
s your mother a Kiwanis Member? Yes or No	Club Mailing Address:
Club Name:	City: St: Zip:
Have you received other scholarships?	Club President's Name:
If yes, please list them.	President's Email:
	Signature of Club President:
	President's Phone: ()_
	Sponsoring Kiwanis Club MUST return completed application
	BEFORE FEBRUARY 29, 2024 (late applications will not be con

