

# KIWANIS CLUB OF UTICA - SHELBY TOWNSHIP SCHOLARSHIP APPLICATION

**INSTRUCTIONS:** Please type or print all information. **Date, sign and mail** this completed application along with a **copy of your high school transcript and any letters of recommendation or other materials** which you would like the Scholarship Committee to consider.

**Include an Essay** (no more than 1,000 words). SUBJECT: What volunteering opportunity have you had during your high school years to change a person's life or give back to improve your community? (include your magic moment, who you helped, and the result).

**MAIL POSTMARKED NO LATER THAN April 1, 2021**, to:

Scholarship Committee  
Kiwanis Club of Utica - Shelby Township  
P.O. Box 180487  
Shelby Twp., MI 48318-0487  
586-697-0824

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year in School: \_\_\_\_\_

Name of High School: \_\_\_\_\_

High School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Academic Major(s): \_\_\_\_\_

Academic Minor(s): \_\_\_\_\_

Expected Graduation from High School Date: \_\_\_\_\_

High School G.P.A.: \_\_\_\_\_

College attending during High School \_\_\_\_\_

College G.P.A. : \_\_\_\_\_



Names and ages of applicant's siblings living at home or in college and being claimed as a dependent on parents/guardians tax return.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

<b>List other scholarships you have applied for, or been awarded:</b>		
<b>NAME OF SCHOLARSHIP</b>	<b>DATE OF AWARD</b>	<b>AMOUNT OF AWARD</b>

<b>List job experience:</b>				
<b>EMPLOYER</b>	<b>TYPE OF WORK</b>	<b>DATES EMPLOYED</b>	<b>HOURLY WAGE</b>	<b>HOURS PER WEEK</b>

Please state any special need for financial aid (include any special family circumstances such as unemployment, illness, death, disability, etc.).

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Please state your goals and career plans: (Attach additional sheets if more space is needed).

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Please state any additional information or comments concerning your personal situation which you feel may be helpful to the Scholarship Committee in evaluating your application: (Attach additional sheets if more space is needed).

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**High School / College/ Trade School:**

Please list non-Kiwanis school and community service. Include leadership opportunities for the past two (2) years. (Attach additional sheets if more space is needed).

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**KIWANIS KEY CLUB - If Applicable** (Attach additional sheets if more space is needed).  
**Participation at events, projects and other activities with Kiwanis:**

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**Kiwanis Key Club Leadership Positions Held:**

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**Kiwanis Key Club Community Service:**

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I declare that all of the information given in this application is true and accurate to the best of my knowledge, information and belief and hereby authorize \_\_\_\_\_ (Name of High School, Trade School, College or University) to release to the Kiwanis Club of Utica-Shelby Township Scholarship Committee, any information that may be helpful in the consideration of this application.

I UNDERSTAND THAT IF I AM AWARDED THIS SCHOLARSHIP, I MUST NOTIFY THE KIWANIS CLUB OF UTICA-SHELBY TOWNSHIP SCHOLARSHIP COMMITTEE OF MY EDUCATIONAL PROGRESS DURING THE ACADEMIC YEAR COVERED BY SUCH AWARD.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_