

# Kiwanis Club of Utica Michigan Foundation

## Scholarship Application

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

**Essay Requirements:** No more than 1,000 words. Subject: What volunteer opportunity have you had during your high school years that aided in the improvement of your community or helped change someone's life? Include who you helped, the result, and how the opportunity impacted you.

Scholarship Deadline: May 1, 2025

Utica Shelby Twp Kiwanis Club  
Attn: Scholarship Committee  
P.O. Box 180264  
Shelby Twp, MI 48318

DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ST. \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ YEAR IN SCHOOL: \_\_\_\_\_

HIGH SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACADEMIC MAJOR(S): \_\_\_\_\_

ACADEMIC MINOR(S): \_\_\_\_\_

EXPECTED GRADUATION DATE: \_\_\_\_\_ HIGH SCHOOL G.P.A.: \_\_\_\_\_

COLLEGE ATTENDING DURING HIGH SCHOOL: \_\_\_\_\_

COLLEGE G.P.A (if applicable):. \_\_\_\_\_

Questions: [hello@uticashelbykiwanis.org](mailto:hello@uticashelbykiwanis.org)



**Kiwanis**<sup>®</sup>  
CLUB OF UTICA-SHELBY TOWNSHIP

***For the following sections, please attach additional sheets if more space is needed.***

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

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

**List other scholarships you have applied for, or been awarded:**

SCHOLARSHIP NAME: \_\_\_\_\_ DATE AWARDED: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SCHOLARSHIP NAME: \_\_\_\_\_ DATE AWARDED: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SCHOLARSHIP NAME: \_\_\_\_\_ DATE AWARDED: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SCHOLARSHIP NAME: \_\_\_\_\_ DATE AWARDED: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**Job Experience:**

EMPLOYER: \_\_\_\_\_ TYPE OF WORK: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ HOURLY WAGE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TYPE OF WORK: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ HOURLY WAGE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TYPE OF WORK: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ HOURLY WAGE: \_\_\_\_\_

**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 share your goals and career plans.**

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**Please share any additional information or comments concerning your personal situation which you feel may be helpful to the Scholarship Committee in evaluating your application.**

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**High School/College/Trade School: Please list school and community service *unrelated* to Key Club/Kiwanis. Please include leadership opportunities for the past two years.**

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**Kiwanis/Key Club - If Applicable: Please share participation at events, projects, other activities related to Kiwanis/Key Club.**

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**Kiwanis/Key Club - If Applicable: Please list your community service involvement.**

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**Kiwanis/Key Club - If Applicable: Please list any leadership positions held.**

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I declare that all 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 any information that may be helpful in the consideration of this application to Kiwanis Club of Utica Michigan Foundation Scholarship Committee.

**I understand that if I am awarded this scholarship I must confirm my enrollment by submitting an enrollment form to Kiwanis Club of Utica Michigan Foundation Scholarship Committee. Following this submission, the Scholarship Committee will issue a tuition check for the amount of the scholarship to my institution of higher learning.**

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

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