

Print Student Name: _____

**CAREER AND TECHNICAL EDUCATION
SCHOLARSHIP APPLICATION**

**Sponsored by
Kiwanis Club of Abilene**
(Please Print all Responses Legibly)

NAME: _____
Last Middle First

HOME ADDRESS: _____

CITY: _____ **ZIP:** _____

Contact Phone or Email Address _____

DATE OF BIRTH: _____ **BIRTHPLACE:** _____

PLEASE GIVE DETAILS CONCERNING PRESENT AND PAST EMPLOYMENT:

Date of Employment	Name of Employer	How Long Worked
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST HIGH SCHOOL ACTIVITIES, OFFICES, HONORS, AND CIVIC ACTIVITIES
(Attach additional pages if necessary.):

WHAT CAREER FIELD DO YOU PLAN TO PURSUE AFTER HIGH SCHOOL? _____

WHAT IS YOUR HIGH SCHOOL GRADE POINT AVERAGE? _____

WHICH TECHNICAL SCHOOL, COLLEGE, OR UNIVERSITY DO YOU PLAN TO ATTEND?

HOW DO YOU PLAN TO FINANCE YOUR EDUCATION? _____

Print Student Name: _____

NAME OF FATHER/GUARDIAN _____

OCCUPATION: _____ **YEARLY INCOME:** \$ _____

NAME OF MOTHER/GUARDIAN: _____

OCCUPATION: _____ **YEARLY INCOME:** \$ _____

CONTACT Phone # or Email of Parent/Guardian _____

BROTHERS AND SISTERS (Show whether any are currently attending college and what college):

<u>Name</u>	<u>Age</u>	<u>In College?</u>	<u>Name of College</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER SCHOLARSHIPS OR GRANTS FOR WHICH YOU HAVE APPLIED:

1. _____

2. _____

3. _____

STATE IN YOUR OWN WORDS YOUR QUALIFICATIONS FOR AND WHY YOU NEED THIS SCHOLARSHIP. BE AS SPECIFIC AS POSSIBLE REGARDING FINANCIAL NEEDS. (Attach additional pages if necessary.)

Print Student Name: _____

I authorize the Kiwanis Club of Abilene to use the information contained in this application to make decisions regarding the award of the Career and Technology Scholarship.

Signed:

Applicant

Parent or Guardian (Required for students under the age of 18)

Date

Each applicant must submit a letter of recommendation from each of the following. (Please list the name and address of each teacher/principal.):

One Career and Technology Teacher: _____

Address: _____

One Other Adult: _____

Address: _____

The CTE teacher making the recommendation should reflect on the applicant's accomplishments, character, and financial need.

Each letter of recommendation should be addressed to "THE KIWANIS CLUB OF ABILENE" and should be submitted with the application form.

Send the completed application and letters of recommendation to:

**Kiwanis Club of Abilene
CTE Scholarship
473 Cypress St, #107
Abilene, TX 79601**

or email to kiwanis@abilenekiwanis.org

To be eligible for consideration, applications accompanied by all letters of recommendation must be received by April 1, 2024.

Privacy Statement:

All information contained in this application will be held in strictest confidence by the Kiwanis Club of Abilene Scholarship Committee.

Disclaimer: Decisions regarding the award of the Kiwanis Career and Technology Scholarship are made at the sole discretion of the Kiwanis Club of Abilene.