

Kiwanis Club of Abilene Foundation SCHOLARSHIP APPLICATION

- a) Applications considered must be submitted from students enrolled as a high school senior in Taylor County, State of Texas from public, private, charter and home schools. This includes: Abilene ISD (including ATEMS & Holland), Wylie ISD, Premier HS, Home School, Abilene Christian HS, TLCA Abilene Campus, Jim Ned HS, and Merkel HS.
- b) The scholarship award will be scored based upon the following weights: 40% weight to academic achievement, 40% to financial need, and 20% to school community involvement/volunteerism.
- c) Special consideration **will not** be given because an applicant is related to a member of the Kiwanis family.
- d) A total of two scholarship awards may be given during the lifetime of any one individual, except for an unusual financial need.
- e) The packet must be complete for consideration. This includes the application, essay, two references, and a transcript. Incomplete packets are not considered.
- f) The Kiwanis Club of Abilene gives separate scholarship awards to technical/vocational students from service funds.
- g) You may attach additional pages, if needed.
- h) Please PRINT all entries on this application.
- i) <u>To be eligible for consideration, applications accompanied by all</u> <u>letters of recommendation must be received or post marked by</u> <u>5:00pm, Tuesday, April 15, 2025.</u>

Print Student Nam	le:	
NAME:Last	Middle	First
HOME ADDRESS:		
EMAIL:		
CITY:	ZIP:	
#College/dual credits earned) OR TEC	HNICAL SCHOOLS Y	RADUATE, AND ANY COLLEGE (include OU HAVE ATTENDED:
Name of school and location	Date attended	Degree or certificate
PROVIDE CONTACT INFORMAT		
PHONE OR EMAIL		
WHAT IS YOUR HIGH SCHOOL INSTITUTION YOU PLAN TO AT		AGE and Class Rank?
PROPOSED COURSE OF STUD	Y/DEGREE OR CERTI	FICATE YOU SEEK:
PLEASE GIVE DETAILS CONCE Date of Employment		
PLEASE LIST HIGH SCHOO VOLUNTEER ACTIVITIES (Attack		FICES HELD, HONORS, CIVIC AND cessary.):

Print Student	t Name:				
HOW DO YOU PLAN TO FINANCE YOUR EDUCATION?					
NAME OF FATHER/GUAR	DIAN				
			INCOME: \$		
NAME OF MOTHER/GUAR					
		YEARLY INCOME: \$			
BROTHERS AND SISTERS	3 (Show whether ar	ny are currently atte	nding college and what college):		
Name	<u>Age</u>	in College?	Name of College		
OTHER SCHOLARSHIPS (RDED:		
2					
	SPECIFIC AS POS		OR AND WHY YOU NEED THIS NG FINANCIAL NEED. (Attach		

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

Print Student Name:

Signed:

Applicant

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

Date

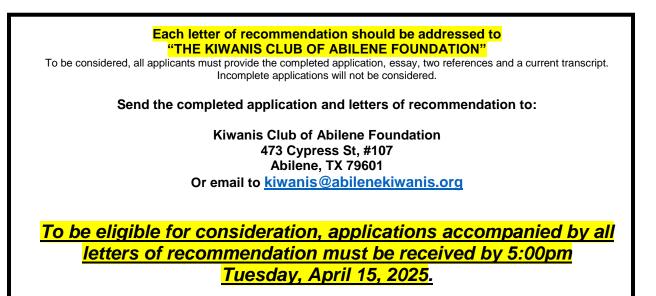
List two personal reference	ces other than family memb	ers who will provide a personal
reference for the applicant.		
Name	Address	Telephone

I hereby declare that the information contained in the application is true and correct to the best of my knowledge, and that the assistance requested is necessary for me to continue my college, business or professional education.

Signature

Printed Name

Date



Privacy Statement:

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

Disclaimer:

Decisions regarding the award of the Kiwanis Foundation Scholarship are made at the sole discretion of the Kiwanis Club of Abilene