

O'FALLON KIWANIS VOCATIONAL / TECHNICAL SCHOLARSHIP APPLICATION FOR GRADUATING CLASS OF 2223

STUDENTS PURSUING A CERTIFICATE AS WELL AS COLLEGE DEGREE PROGRAMS
WOULD QUALIFY FOR THIS SCHOLARSHIP

Name of Student				
Student's Mailing Address				
City	State	Zip		
Phone #		_ Cell #		
Name of High Schoo	l			
	ocational Institution			
	r Guardian			
	an Mailing Address if di			
Phone #				
The scholarships awa	arded will be chosen by v r four years of high scho	what the young men a		
Please fill in the follo	wing information:			
Number of Family M				
	older than applicant fembers that will be enro			

(O'Fallon Kiwanis Vocational Scholarship Application Continued)

Please check that following items are also included	along with this application:
List of Extracurricular activities	
Personal goal statement	
Two letters of recommendation	
MAIL YOUR APPLICATION AND ALL TH	IE ITEMS LISTED ABOVE
O'Fallon Kiwanis Club	
Attn: Scholarship Committee	
31 Saint Lawrence Drive	
Saint Peters, Missouri 63376	
I certify that all information is true and correct:	
Signature of Applicant:	Date:
Application packet needs to be postmarked no later	r than March 20, 2023.
Thank you for your interest in the O'Fallon Kiwan	is Vocational Scholarship. Good Luck!