



Kiwanis®

KIWANIS CLUB OF CLERMONT

KEY CLUB SCHOLARSHIP APPLICATION Guidance Counselor Form

STUDENT: Please see a guidance counselor to complete this section.
GUIDANCE COUNSELOR: Please return this form back to the student by March 28, 2025 to ensure application is submitted in time.

Name of School: _____

Student Name: _____
Last First MI

Permanent Address: _____

City State Zip

Class Rank: _____ out of _____ Unweighted GPA: _____ Weighted GPA: _____

ACT: Eng _____ Math _____ Read _____ Sci _____ Comp _____ Writing _____

SAT: Verbal _____ Math _____ Writing _____ Total (without writing) _____

Qualify for _____ Florida Academic Scholars Award
_____ Florida Medallion Scholars Award
_____ Florida Gold Seal Vocational Scholars Award
_____ Other: _____

Guidance Official Signature: _____

Guidance Official Printed Name: _____

Parent's or Guardian's Signature Date

Applicant's Signature Date

I hereby certify that the information given in this application is accurate and complete to the best of my knowledge. The financial information given is correct and verifiable in the event that the applicant is awarded a scholarship. I understand that the selection committees will keep this information confidential. To comply with the provisions of the Family Educational Rights and Privacy Act of 1974.