



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 27, 2026 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

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.